No. Facilities (15)

nen 182a

Fred B. Ward

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000000				CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
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	e d	de	3. SE	Κ		4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS
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201		2	-	RANDALLSTOW	/N	BAI	TIMORE CO	UNTY	GEN. HOSP.	AGENT		INS	URANCE
21	12 -34	20		AL RESIDENCE (IF NURS	136 COUN	OTHER INSTITUTION	13t. CITY OR TOW!	ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP CODE		
A N	6	1/2/	N	IARYLAND	BAI	TO.	BALTIMO	DRE	YES NO X	2408 WIL	LOW GLE	N DR.	#21209
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WA	2 28/	191		JOSHUA			ALTSHULL		BESSIE	Modit		UNKNOW	
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L REC	in. hos b	5	CERTIFICATION	DATE OF GREAT		1,0 00,10	THE	0.511/1.0	T TO TENI ONNED	YES TO NOT	, IN CERTIFY	ING CAUSES	
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JF V	phy phy liftic	E	-	OR CONTRIBUTING C		111		Y YEAR					
NO	YSK ding ding s cel	2 /	MEDICAL	116 INJURY OCCUR			M. OF INJURY	19	211 LOCATION				
DIVISION OF VIT	the the	opex	ME	WHILE NOT WH	HE [REET FACTORY, OFFICE FA	ARM ETC)	STREET	CITY OR	TOWN	COUNTY	STATE
ō	Or	0		22a I certify that (1)		tal) attended th	e deceased from	7	0/28 10 8	510	1/25	081	that (I) (we) los
	TTEN Performan	21 15		sow the decease above, (I) (we) (d	d alive an	111	25 195	25 on	d that in (my) (our) opinion	death accurred on the	date and hour	and from the	couses stated
	hos hos ihed ept	E e		226. SIGNATURE			1 /	2 1	DEGREE			22c DATE	SIGNED
	ral C y the val D detoc ore D			Kaust	aln	Mes 1	of Duy	9	ATTENDING PHYSICIAN	DIRECTOR PHY	SICIAN D	11/7	5/85
	DSPI ed b UNE d be	A I		224 PHYSICIAN'S NA	AME (TYPE O	R PRINT)	VC.		220 ADDRESS BAL	TIMOKE	Cour	TYH	COITA
	O HK	O /		KAUSHI	ALE,	NDRA	1, 5/2	911				12	STEET,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

FOR

REGISTRAR

- STATE

SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO. MD

NOV.26,1985

236 NAME OF CEMETERY OR CREMATORY

SHAAREI ZION

(SPECIFY) BURIAL

24 FUNERAL DIRECTOR

250 DATE OF BY REGISTRAPTS REGISTRAP'S SIGNATURE

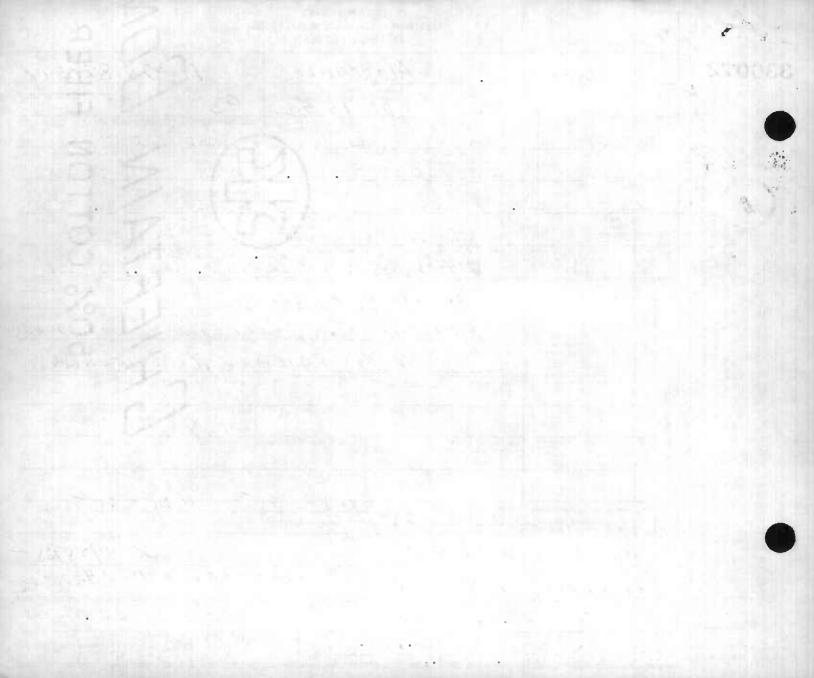
23d LOCATION

ROSEDATE

REG. NO.

STMD

BALTO.



injury, or other frommatic

IMPORTANT: If them 21 is marked or them 18 sha

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.

STATE OF MARYLAND

1.	FOR STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG	GIENE REG. NO)		
	CEASED NAME FIRST		MIDDLE	l.	AST		MONTH	DAY YEAR	2b HOUR
{ I TPE	EDWIN	C	HARLES	AN	DERSON	November	27.	1985	11:30 PM
3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	
	Male	Whi	+0	MONTH		41		MONTHS DATS	HOURS MIN.
7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	Aug.	19, 1944	9 BALTIMORE CITY O	R COUN	TY OF DEATH	
	COUNTRY			MARRIE	D NEVER MARRIED				
_	aryland ITY OR TOWN OF DEATH		SA HOSPITAL NURSIN	WIDOWE	DR OTHER INSTITUTION	Baltimore			OF BUSINESS OR
Ch	esaco Park	201 Ch	optank Av	ADDRESS)	ON OTHER INSTITUTION	(TYPE OF WORK FOR MOST O Respiratory	WORKING	LIFE INDUSTRY	DF BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 CQL Bal)	DROTHER INSTITUTION INTY timore	GIVE RESIDENCE BEFOR 134 CITY OR TOW Chesaco	N .	134. INSIDE CITY LIMITS?	3. SIREET ADDRESS / 201 Chopta	ZIP COI	venue 2.	1237
14 FA	ATHER'S NAME Edwin E.	Ander:	son LAST		15. MOTHER'S MAIDEN NA. Dominica	WE	Ge	rmano	isī
	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS	U.S.	
1	YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	214-40-7	321	Mrs. Janet L.	Anderson 3	101		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per	Jine far (a), (b), an	nd ic.		n 1		BETWEEN	XIMATE INTERVAL
		ATE CAUSE 10)	WERNON	na (ingstue!	unt for	w	3 ~	reik
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEOU	ENCE OF	diazti le	uhmo		3	eas
NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	<u>DEATH</u> BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	DITION G	IVEN IN PART 1	0
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI	
	210. ACCIDENT WAS UNDERLYING	216. TIME O		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)	
CAL	OR CONTRIBUTING CAUSE OF DI	CAIN .		19					
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY PEET FACTORY, OFFICE, I	FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	220.1 certify that (I) (this has	oital) attended th	e deceased from_		1983	10 11/27 0	5	. 19	that (I) (we) last
	saw the deceased alive a above, (li (we) (did) (did a			, or	nd that in (my) (aur) apinion	death occurred an the do	te and ho		
	THE STONATURE	Buch	e (mo		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	SIGNED -9/85
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	1.	1	C.	12
	Philip J.				Somo Hal	prus Oh	we a	17 Th	the
	BURIAL, CREMATION, REMOVA SPECIFY)		1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
** 5	Cremation	Dec 2	1982 Me	estvie	w Crematory	Baltimore	Ma	ruland	
Lei	onard J. Ruck,	Inc. 53	05 Harror	d Roa	d 21214 DEC	E REC'D. BY REGISTRAR	Sh REGI	ENGLES SIGN	URE MINISTER

DHMH - 16 60M 7/84 (VRA 15, 4)

State of the state

DHMH - 16 60M 7/B4

(VRA 15, 4)

317093

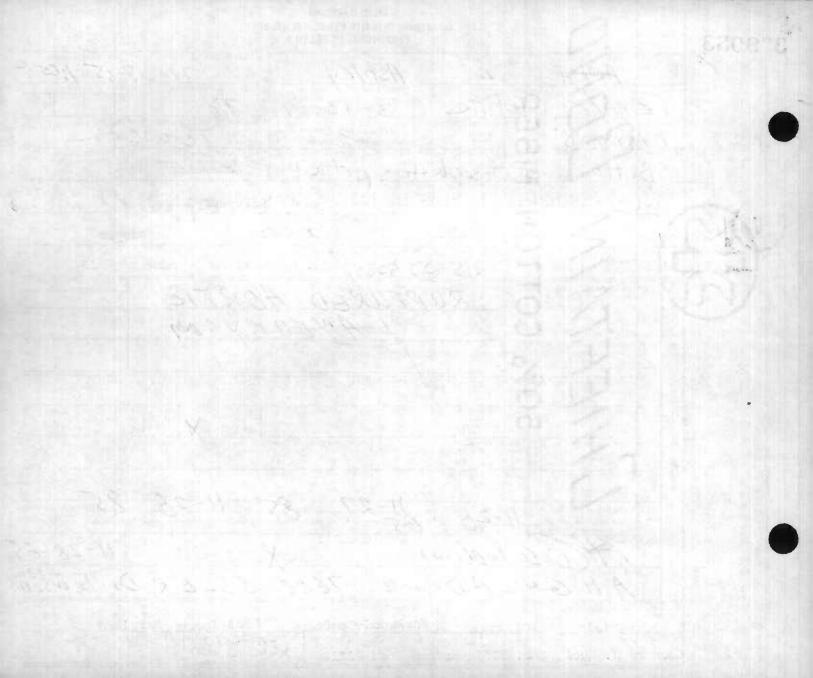
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRIT Mrs. Serafina A. Arena November 6 1985 RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Female: Caucasian March 2 1903 (STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Baltimore County WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR Sales Party Most of Working Life Randallstown Tambell Mill. Baltimore County General Hospital JSUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LYAITS? Maryland Baltimore 13 ROCKOSTOWN 7932 Duniii Viffage Cir. 21207 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sebastian Staiti MIDDLE LAST LAST Marietta Raimondi Mice Sebastian J. Arena ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO NO YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 216-40-1111 1044 Craftswood Rd. Catonsville Maryland IB CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse last. CERTIFICATION 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? obstructure 21g. ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceosed fram. saw the deceased olive on Nov-5th above, (I) (we) (did) (did not) view the bady after death. and that in (my) jour) apinion deoth occurred an the date and hour and fram the causes stated DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL Burial) 23c NAME OF CEMETERY OR CREMATORY
New Cathedral Cemetery Baltimore CityCOUNTY Maryland 24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, Maryland 21133

217093

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Revisit 11-9-5 on Chicoles Commung Salamore City Huganet
Lorday Pyro Prince Directory Cro.
8726 Liberty Hord Nathalanaka, Huganet 2013

STATE OF MARYLAND



- STATE

REGISTRAR

24057

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR November 16 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Baltimore County 126 KIND OF BUSINESS OR INDUSTRY Carpenter Acme Markets 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 9102 Dogwood Road 21207 NO X 15 MOTHER'S MAIDEN NAME LAST Martha Clementine (Dutrow) 17 Mesmalary R. Babington ADDRESS 21207 9102 Dogwood Road Baltimore Maryland PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lice 20a AUTOPSY? 20h IF YES. WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CITY OR TOWN COUNTY ur) apinion death occurred on the date and hour and from the ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR LOTING Byers Funeral Directors, Inc. DHMH - 16 60M 7/84 8728 Liberty Road Randallstown, Maryland 21133 (VRA 15, 4)

Pikesville

Baltimore Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATIVE TO BE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
	CEASED NAME OR PRINT) ED	FIRST WA		TAGE	BA	ILEY	20 DATE OF	DEATH MONTH	26	85	2h HOUR 2.25A M
1.50 Ma	ale		4 RACE Caucasi	lan	S. DATE C	2, 1894 YEAR	6. AGE (IN YE	ARS LAST BIRTHDAY)	MONTHS	DER I YEAR	
0.00	THPLACE (STATEORI	OREIGN	U.S.A.	WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED &		more Cou		EATH	MD
1110	andallstown					eral Hospital	120 USUAL C	CCUPATION FOR MOTKET			of BUSINESS OR
130 3	L RESIDENCE (IF NURS STATE aryland		ROTHER INSTITUTION NTY LIMOTE	13 CITY OR TOW Relater		13d INSIDE CITY LIMITS? YES NOX		rockebur	y Ci	rcle	, 2113
1	ubert W. B	ailey	MIDDLE	LAST		Grace Ast Smi		WIDDIE		£A!	.st
	WAS DECEASED EVER	IN U.S. AF	TWAR OR DATES)	215-07-7		Ruth Gordon,	St Eli	ADDRESS Lzabeth H	iall,	Tow	rson, Md.
,	Conditions, if any, gove rise to improve cause (0), stating underlying cause	nediate ig the last	(b) DUE TO, O (c)	R AS A CONSEQUE R AS A CONSEQUE DITTIBUTING TO D	ence of	NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION	GIVEN IN	PART 1	10
CERTIFICATION	IVE DATE OF OPERA					N WAS PERFORMED	200 AUTO	PSŸ? 206. IF	YES, WEF	RE FINDI	INGS USED S OF DEATH?
MEDICAL CERTI	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTHEY MEDI	CAUSE OF DE	R) P.	M. MONTH DA M.	19	216 HOW INJURY OCCUR	YES []	URE OF INJURY IN ITEM		R PART 2)	NO _
	220.1 certify that (1) saw the decease	(this hosp	11 1	26 19	85 , an	nd that in (my) (our) opinion	death accurred	11 · 26 d on the date and		fram the	, that (I) (we) last e causes stated E SIGNED
	RAYND	DOS 3 AME (TYPE O	COVI	NDA RAO		1220 ADDDECC		PHYSICIAN C	INL		·26.85 spitac

DHMH - 16 60M 7/84 (VRA 15, 4)

Cramation

234 NAME OF CEMETERY OR CREMATORY

230 BURIAL, CREMATION, REMOVAL

Catonsville, Baltimore Co, Md

24 FUNERAL DIRECTOR

Cremation 11/27/85 Westview Memorial Pk Catonsville, Baltimore Co, Md

FUNERAL DIRECTOR

JAMES N. KOTSIS FUNERAL HOME, 6411 Windsor Mill Rd NOV 2 9 1985

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PRESTON ST.

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

1 - STATE REGISTRAR			Di	CERTIFICATE OF DEATH REG. NO.							
L'DECEASED NAME	FiR51		WIDDIE		LAST	100	20. DATE OF D	EATH MONTH	DAY	26 HOUR	
(THE ON PRINT)	MAR'	Y	A.	100	BAILE	Y		11	121/85	18 pm	
3 SEX	(1. RACE			E OF BIRTH		6 AGE (INYEA	RS LAST BIRTHDAY)	WONTHS DATE		
Female		Whi	te		pt. 11	, 1897	88	Υ	RS MONTHS DATS	NOURS MIN,	
To BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF		JNTRY? 8	RIED NEVER	MARRIED 🛛	9 BALTIMORE	CITY OR COL	INTY OF DEATH		
MD		U	ISA	WIDO		ONORCED [Bal	timore	County	MC	
Towson				NURSING HOM NE STREET APDRESS) IS HOS		STITUTION		OR MOST OF WORK	recer - E		
USUAL RESIDENCE (#1) 130 STATE MD	NURSII E OF			Balto.		CITY LIMITS?	3100	St. Pa	St.,	21218	
FATHER'S NAME		MIDDLE		AST	15 MOTHE	R'S MAIDEN NA					
George		WIDDLE	Bail			Mary	E	MIDDLE	Hick	key	
160 WAS DECEASED EN		MED FORCES?	166 SOCI	AL SECURITY NO	. 17. INFORA	MANT	- Aug	ADDRESS			
No	(IF TES GI	AN OR DATES	212	01 2117	Mrs	. John	H. Do	nati.	Balto	., MD	
18 CAUSE OF DI PART I. DE ATI	H WAS CAUSE			(b), and (c)	à				APPRO BETWEEN	XIMATE INTERVAL NONSET AND DEATH	
H. Britania		DUE TO, O	R AS A COI	NSEQUENCE OF							
Conditions, if	ony, which	(ıb)									

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO | YES T 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY FARM, ETC) NOT WHILE

22a I certify that (I) (this hospital) attended the dece November sow the deceased alive an Juou (m Di abave, (l) (we) (did) (did not) view the body ofter

DEGREE

DUE TO, OR AS A CONSEQUENCE OF

and that in (my) (our) opinion death occurred on the date, and hour and from the couses stated

MEDICAL ATTENDING STAFF 22e ADDRES

230 BURIAL CREMATION, REMOVAL Burial

226. SIGNATURE

cause (o), stating the

underlying couse lost

23c NAME OF CEMETERY New Cathedral Balto.,

MD

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached with the State Dept.

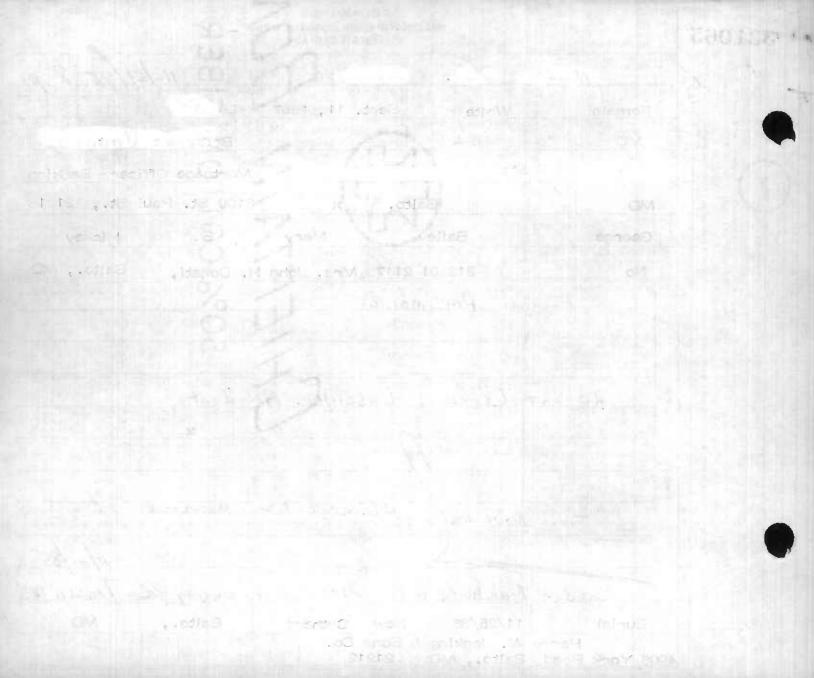
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O FUNERAL

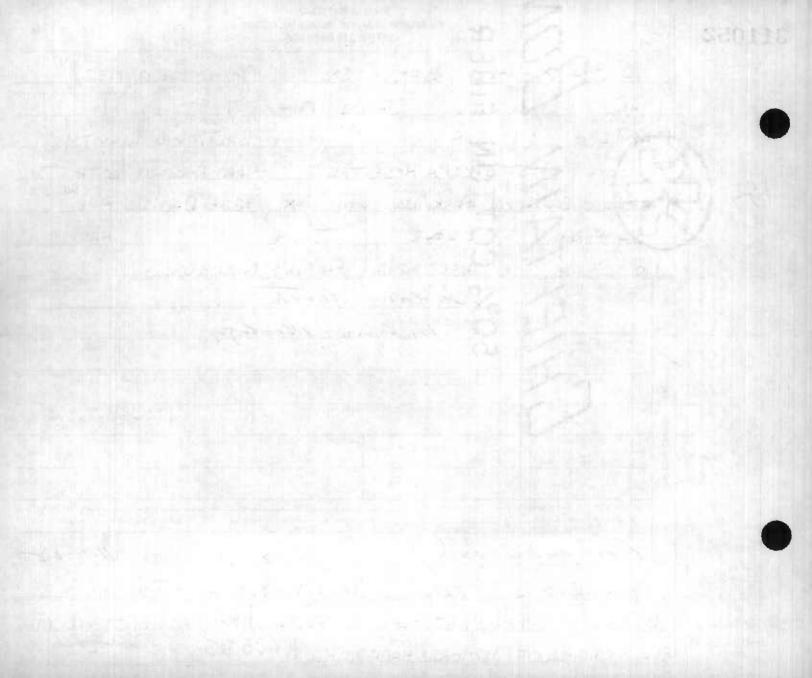
11/25/85 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 4905 York Road Balto., MD

21212

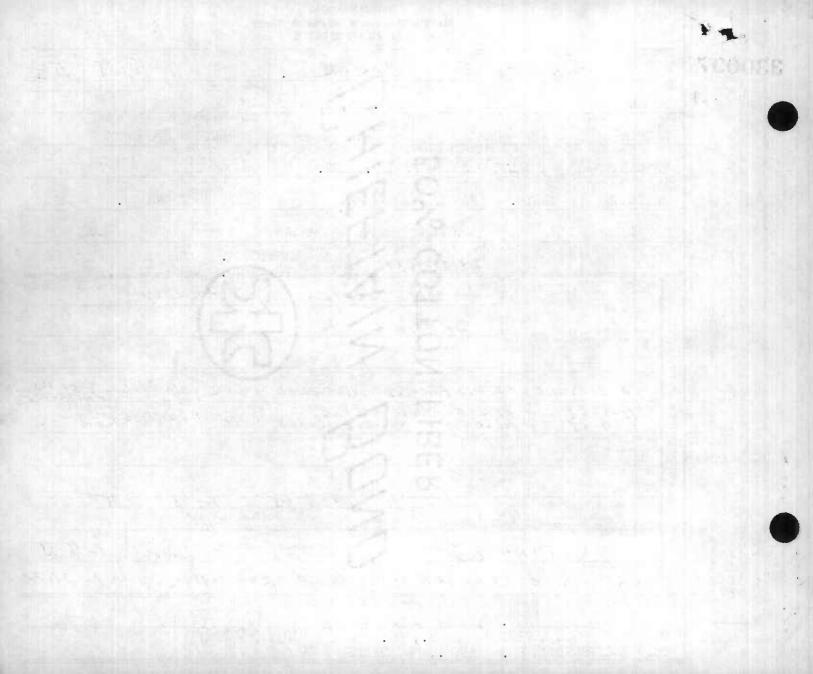
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



244052	١,	FOR STATE		OF MARYLAND ALTH AND MENTAL HYG	B S	3 8 3 8	3 3
311052		REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO		
		CEASED NAME FIRST	MIDDLE	T			2b HOUR
o th	[TYP]	OR PRINTI	G BAKER	SR	Dougens	79.01 C Q	
page deat	3 SE	Y TON	4 RACE 5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 MRS
4 of	C	n als	MONTH	DAY YEAR	71	MONTHS DAYS	HOURS MIN.
		IALL	WHITE JAN	1,1914		YRS.	
1 18 26		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	
1 11 (12)		ARYLAND	U.S.A. WIDOWED	DIVORCED [BALLING	RE LOUNTE	MD
10	10 €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS)	OTHER INSTITUTION	12a USUAL OCCUPATE		BUSINESS OR
5 1 1 78	T	Soson	ST. JOSEPH HOSPI	TAL	YARD FORS		STEEL
E 10 10	USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION			· · · · · · · · · · · · · · · · · · ·	4234
9 10 3 10	30	ARYLAND BAL	- 10 -1 - 1	YES NO	130 STREET ADDRESS /	nish AVE	MAS T
3 1 24 1	14. E	THER'S NAME		S. MOTHER'S MAIDEN NA		TAN CATH	
1 11/12/		FIRST	MIDDIE D LAST	FIRST	WIDDIE	LL - O	40 .
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图、阿多人名名 音		10	315076592	+AM, LY	RECORDS		- 14
F 9515		18 CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), and (c)	,		BETWEEN ON	NATE INTERVAL
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015	199	Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	- eller	logy		
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201 es the plean uriol			((c)				
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN PART To	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low require optending physicion. Offen the militaine has been signs the build militaine permit. Then the ond American Propertion to be orked or the 18 shows ony injury orked or the 18 shows ony injury.	FICATION						
S on s be	ŏ.	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED OF DEATH?
AL AL AL Months] ≒				YES NO	YES 🗌	NO 🗌
Z Syc B B B B B B B B B B B B B B B B B B B	CERTI	210 ACCIDENT WAS UNDERLYING	The same of the sa	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
O PI PI PI	AL	OR CONTRIBUTING CAUSE OF DE	ALITY CONTRACTOR OF THE PROPERTY OF THE PROPER				
N SYL	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TON	AN COUNTY	STATE
VISI	ž	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
DING OF OF SHIP		AT WORK	nital) attended the deceased from	, 19		10 4	
He He		sow the deceased alive or			death accurred on the do	. 19, the ond hour and from the co	not (I) (we) lost
RATTEN Hospitol RECTOR. Used for user of Herm 21 is		obove, (I) (we) (did) (did no	ot) view the body ofter death		deom occorred on the do		
Dep t the		22b. SIGNATURE	11 (1	ATTENDING _	AMEDICAL STAF	22c. DATE S	1 -
TAL Y ## CAL Get det Core	1 -	well an	W. Mary		MEDICAL STAF	IAN 11-9	-87-
HOSPITA bined by FUNERAL Sold be de th the Stot		22d. PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS			
0 5 5 5 5 6		001.1-11	((1) ~ (1)	1801 YORK	Pann -	Tallican	
H io C of E		UK WILLIAM	1. 2510	1001 10101	/ NOM!	111111111	
TO HOSPITA retoined by TO FUNER should be do with the Sto MPORTANI	23a. I	SURIAL, CREMATION, REMOVAL	L 23b. DATE 23c NAME OF CEA	METERY OR CREMATORY	23d LOCATION	. consort	
Mark Mark Mark Mark Mark Mark Mark Mark	230.	SPECIFY)		METERY OR CREMATORY	O CITY OR TOWN	COUNTY	STATE
BP	1		1 236. DATE 236. NAME OF CEA	METERY OR CREMATORY	23d LOCATION CITY OR TOWN E REC'D, BY REGISTRA	BALTIME	~ ~



STATE OF MARYLAND



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The second secon

OEC OF THE MANNEY STATE OF THE

ling physician and completely filled in by the funeral director. page 3 rbanpapers. Pages 1 and 2 shauld be filed within 72 hours after death

TO FUNERAL DIRECTOR. After this certificate has been significant be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to build MPORTANT: If them 21 is marked or them 18 shaws any injury. etained by the hospital or attending physician

ATTENDING PHYSICIAN: The

TO HOSPITAL

BP.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

1 DECEASED NAME

FIRST

DEPARTA	STATE OF MENT OF HEAL CERTIFICA		ENTAL HYG	SIENE S	REG. NO.	5	0 0	8	Gá os
DDLE	LAST			20. DATE OF	DEATH ME	ONTH D	AY YEAR	26 HOU	IR
IGS				Novemb	er 3,	1985		8:10	Dp M
	5 DATE OF B	RTH		& AGE (IN YE	ARS LAST BIRTHO	DAY)	F UNDER I YEAR	IF UNDER	24 HRS
	MONTH	DAY	YE AR			(AA)	ONTHS DAYS	HOURS	MIN.
	8	19	1926		59	YRS.			
HAT COUNTRY?	8 MARRIED	NEVERM	ARRIED	9 BALTIMOR	E CITY OR	COUNTY	OF DEATH	10	
	WIDOWED		ORCED [Baltim	iore Co	ounty			MD.
SPITAL, NURSIN		THER INSTI	TUTION	120 USUAL C			126 KIND O INDUSTRY	F BUSINE	SS OR
	TT 1	- 7							

		Ma	ary Mi	arie BA	ANGS				November 3,	198	5		18:10	Up M
	3 SEX			4 RACE		5 DATE O			& AGE (IN YEARS LAST BIRTH		IF UNDE		IF UNDER	
	Fe	emale		White		MONTH 8	19	1926	59	YRS.	MONIHS	DAYS	HOURS	MIN.
4	7a. BI	RTHPLACE (STATE ORF	OREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY OR		Y OF DE	ATH	1	
1		arvland	1113	II C 3			X NEVER M		Baltimore C	ount	.,			
0		ITY OR TOWN OF DEA	TH	U.S.A.	HOSPITAL, NURSIN	IG HOME O		ORCED [120 USUAL OCCUPATION			KIND C	F BUSIN	MD.
	-			(IF NOT IN SUC	HEACILITY, GIVE STREET	ADDRESS			(TYPE OF WORK FOR MOST OF V		IFE) IND	USTRY	000114	ESS ON
4		OSSVILLE AL RESIDENCE OF NURS	ING HOME OF	Frankl	in Square	e Hosp	ital		Housewife					
5	13a S		13P COAL	11Y	130 CITY OR TOW		13d INSIDE CI	TY LIMITS?	13e.STREET ADDRESS / 2	ZIP COD	Ε			
4		aryland	Balt	cimore	Dundall	k		ио 🔀	1903 Guy Wa	av			2	1222
A	14. F∆	ATHER'S NAME		WIDDIE	LAST		IS MOTHER'S	MAIDEN NA	WE			LAS	Ţ	
	Sa	muel			Hook		Cathe						tins	ki
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMAL	VT	ADDRESS	5				
П	No		(IF TES, GIV	E WAR ON DATES)	219-20-8	8253	Orvill	Le E. E	Range	Sar	me a	c 11	30	
		18 CAUSE OF DEATH	H Enter on	ly nne couse per			01111		Jungo	Dai			MATE INTEL	RVAL
		PART I. DEATH W	AS CAUSE	D 8Y:	Hyperrex		canchan	nauman	itic		- 01	IWEEN	ONSET AND	DEATH
			IMMEDIAI	E CAUSE (o)	HAPELLEY	Id. Di	Officitop	reumon	1013		-			
4	100				R AS A CONSEQUE									
i		Canditians, if any, gave rise to imn		(b)	Left Fro	ntal 1	Intrave	ntricu	lar Hemorrha	ge				
		cause (a), stating underlying cause	g the	DUE TO, O	R AS A CONSEQUE	NCE OF					1			
		18.1		(c)										2.1
	-	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT N	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDI	TION GI	VEN IN P	ART 115)	
	CERTIFICATION	Metas:	tatic	Rreast	Carcinoma									
	CA	190 DATE OF OPERAL	TON	196 COND	I ION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY?	206. IF YE	S, WERE	FINDIN	OF DEAT	D
1	TE								YES NO		ES 🗍	AUSES	NO T	
1	GE	210 ACCIDENT WAS UND		216. TIME O			21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18	PART I OR I	PART 2)		
		OR CONTRIBUTING C			M. MONTH DA	AY YEAR								
d	MEDICAL	21d. INJURY OCCURR		21e PLACE		14	211 LOCATIO	N						
	ME	WHILE NOT WH	ILE []	(AT HOME STE	REET FACTORY, OFFICE F.	ARM, ETC	STREET		CITY OR TOWN	-	COL	MIA	5	STATE
		AT WORK AT WOR				Oatobo	10 20	OF.	Nouemban	7	0.5		V	
		22a.1 certify that X	(this haspi	Novembe	e deceased from _	85	X X	., 19 <u>85</u>	to November death accurred on the date		19.85		that X (we) last
4		above, XI (we) (d	lid) (diXX	view the body	after death.			aur) apinian e	death accurred on the date	and hou				
1		226 SIGNATURE	ri.l	2		D	EGREE	TENIDALO	MEDICAL STAFF		220	DATE	SIGNED	,
		-	CM				P	TENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	N		11/	3/	85
	.00	224 PHYSICIANS NA	ME THEO	E PRINCE			77e ADDRESS							
	157	Δ	dam F	aill I	M.D.		9000 F	rankli	n Square Dr.	. 21	237			
1	23o B	URIAL, CREMATION, I				IAME OF CE	METERY OR C		23d LOCATION					
	13	SPECIFY)							CITY OR TOWN	77	COUNT	_		STATE
	24 FU	Irial		111/6/	TA82 B6	er Air	Memori	25n DATE	Bel Air E REC'D. BY REGISTRAR 25	Har	rfore	IGNAT	Mar	rylan
- 1			nida - F	aick In	C			The DAIL	THE B. DI RECOUNTED	"LE POLIS	Libert 33	PINAI	mes .	D1 - 31

DHMH - 16 60M 7/84

(VRA 15, 4)

7922 Wise Avenue

21222

Dundalk, Maryland

NOV 06 1985 gula mendandelle

DHMH - 16 50M 1/81 (VRA 15, 4)

William C. Brown

24 FUNERAL DIRECTOR

1206-08 W. North Ave.

VALUE OF THE GHY BE VON when I have I want to the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2186

STATE OF MARYLAND

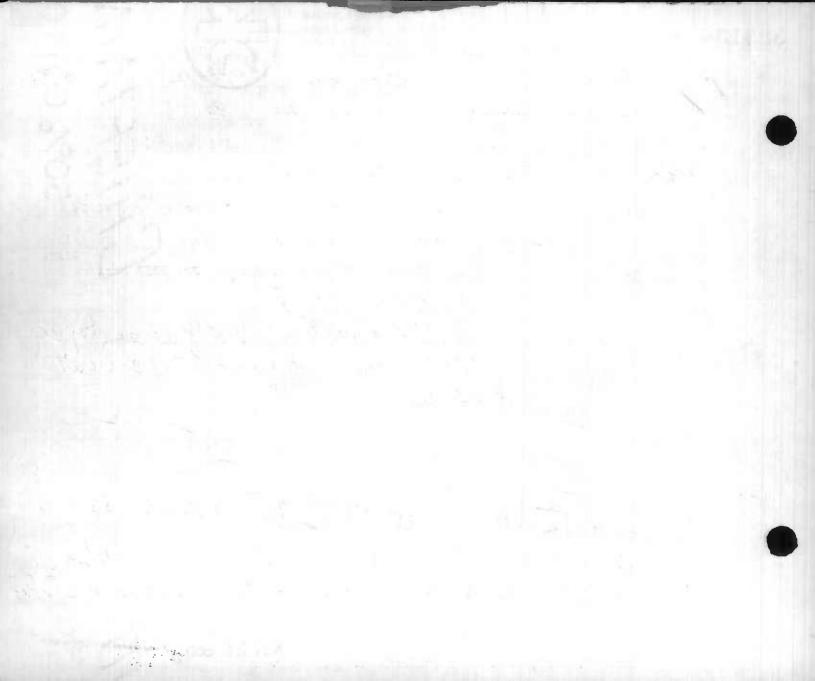
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.				
-	I. DEC	SED NAME	FIRST	٨	AIDDLE	7	AST	20. DATE OF D		DAY	YEAR	26 HOU	30
1	/	DRAC	E	L		SA	RKER	1/2	3/85			7	AM
1	1. SE	FEMAL	E	CANC	ASION	5. DATE C		6. AGE (IN YEAR	S LAST BIRTHDAY)	MONTHS	DAYS	HOURS	24 HRS MINL
7		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE	CITY OR COU		ATH	. 1	
2		aryland		U.S	. A .	WIDOWE	h /		more Co				MD.
0		46 R. MA.	TH /		HOSPITAL, NURSIN HEACKIN, GIVE STREET HARKEY	ADDRESS)	DROTHER INSTITUTION	12a USUAL OC {TYPE OF WORK FO House	OR MOST OF WORKIN		KIND OF USTRY	BUSINE	SS OR
5	13e. S	AL RESIDENCE (# NURSI STATE Md .	NG HOME OR		GIVE RESIDENCE BEFOR 136 CITY OR TOW Baltimo	/N	13d. INSIDE CITY LIMITS?		DRESS / ZIP CO		2123	4	
21	M. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NA		MIDDLE		LAST		
C	_	obert	_	arles	Burns		Catherine		Anna	2	_	sler	
2		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECL		17 INFORMANT		ADDRESS			2121	-
		no			212-42-	-0030	William H.	Barker,	3r. 53.			ATE INTER	
	ATION	Conditions, if any, gave rise to imm cause (a), statin underlying cause	g the last.	(c) _	DISTRIBUTING TO	no	NOT RELATED TO THE TERM	MINAL DISEASE C	C J	GIVEN IN F	New PART 110	H	
7	E I	190 DATE OF OPERAT	ION	T%. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	YES N		YES, WERE RTIFYING A YES [TH?
1	CAL CERT	218. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE		M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATUR	IE OF INJURY IN ITEM	18 PARTIOR	PART 2)		
	MEDICAL	21d. INJURY OCCURR	nt []	21e PLACE (OF INJURY EET, PACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	A -	CITY OR TOWN	cou	INTY	5	STATE
		220.1 certify that (I) saw the decease above, (I) (Ve) (d	d alive an	NN	2/1/19	Jan.	nd that in (my) (pr) apinion	death accurred a	on the date and	haur and fi		hat (I) (v auses ste	
7		ZZd. PHYSIČIAŇ'S NA	ME TYPE C	N J V	mtz.	W	DEGREE ATTENDING PHYSICIAN 228 ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAN	226	DATES	IGNED	5
1		NOW	Big	W	MINT	ZER	3009E	VERGE	EAN!	AVE	BI	20	Mis
200		BURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d LOCATE	TOWN	COUNT	γ	S	TATE
	1	Burial		NOV.	76. 19k5	Dark	5000	Ba 1+	imana 1	Md.			

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. 5305 Harford Rd



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

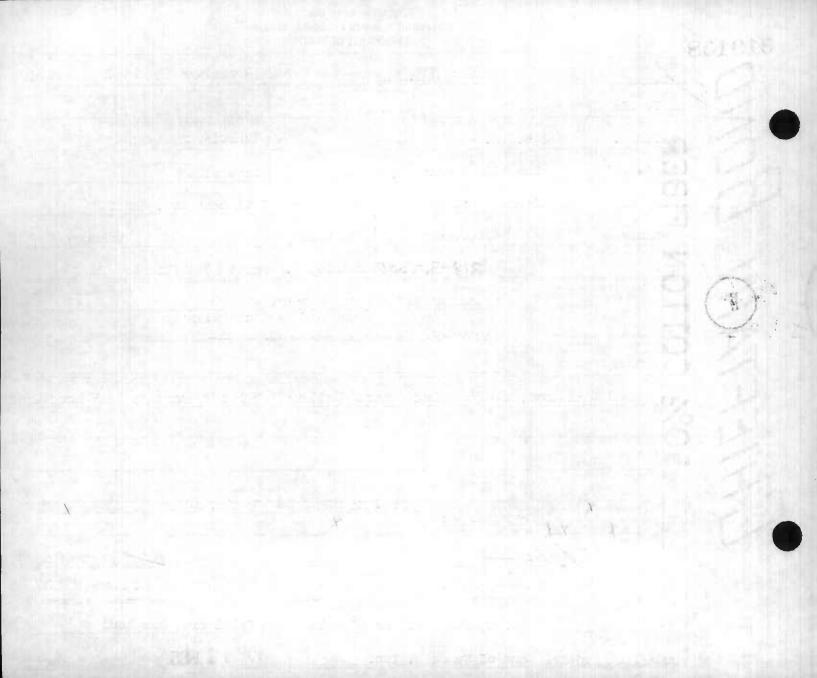
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0 .	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			
I DE	ECEASED NAME	FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR				
1		Ethel As	tella BA	RTELS	3	N	lovember	9,	1985	6:15
13	EX	4 RACE	20-14	5. DATE C	DAY WEAR		GE (IN YEARS LAST BIRTH	DAY)	MONTHS HATS	IF UNDER 24 HRS
V	Female	White	9	Jan.	9, 1901		84	YRS		MIN.
74.1	IRTHPLACE (STATE OR FOR	REIGN 16 CITIZEN	OF WHAT COUNTRY	? 8	D NEVER MARRIED		ALTIMORE CITY OR			
	Penna.	U.S.	A.	WIDOWE			Baltimore	e Co	ounty	N
100	Rossville	(IF NOT IN	OF HOSPITAL, NURS SUCH FACILITY, GIVE STREE Lin Square	ET ADDRESS)	or other institution iatl	(TYP	USUAL OCCUPATION E OF WORK FOR MOST OF V OUSEWIFE			F BUSINESS O
13a. Ma	aryland	Baltimore	ON GIVE RESIDENCE BEFO 136 CITY OR TO Essex		134 INSIDE CITY LIMIT YES NO 🔀		STREET ADDRESS / I Vincent Av		21220	
Val	TATHER'S NAME FIRST Unknown	WIDDIE	Stevensor	ı	15 MOTHER'S MAIDER Rebecca		WIDDLE		Unkno	
16a	WAS DECEASED EVER IN	U.S. ARMED FORCES			17 INFORMANT	112	ADDRES:			
1	NO NO	THE SOLE WANDEDATES	218-36	-0550	McKinley W	. Bar	rett 304 S	Stem	mers Rur	1
	18 CAUSE OF DEATH	Enter only one couse	per line for ioi, ibi, o	and icid					APPROXI BETWEEN C	MATE INTERVAL
PART I. DE ATH WAS CAUSED BY Cardiorespiratory Arrest										
					Pneumonia	a. Lu	ing Abces	SS		
			OR AS A CONSEO		ct Infecti				40 PHOO	
1	Conditions, if ony, v		Urinary	Trac	ot intecti	TOII				
	gove rise to imme		OR AS A CONSEQ	LIENICE OF						
	underlying couse	lost	OR AS A CONSEQ	OLIVEE OF						
		(c)								
Z					NOT RELATED TO THE					
CERTIFICATION					art Failu					
S	190 DATE OF OPERATIO	ON 196 COI	NDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20			ES, WERE FINDING CAUSES	
E						Y	ES O NOO		ES T	NO
	21g ACCIDENT WAS UNDER	RLYING 216. TIMI	E OF INJURY	5	21c. HOW INJURY OC					
	OR CONTRIBUTING CA	USE OF DEATH HOUR	A.M. MONTH	DAY YEAR		· ·				
13	(IF EITHER NOTIFY MEDICA		P.M.	19						
MEDICAL	21d INJURY OCCURRE		CE OF INJURY	4.4	21f LOCATION		CITY OR TOWN	,	COUNTY	STATE
2	WHILE NOT WHILE	[AT HOME	STREET FACTORY, OFFICE	FARM ETC)	PINEEL		CITORIOW		COUNT	STATE
				Octo	ber 23,19	85	Novemb	Or	0 85	
	22a. I certify that 1	his hospital) ottended	the deceased from	85						that X (we) la
	22a I certify that (t sow the deceased above, h (we) (dia	TVO V CII	du after death	00 , 01	nd that in (Ny) (our) api	inion deoth	occurred on the dote	e and ha	our and from the	couses stated
	226 SIGNATURE	- D //	dy offer death.		DEGREE			_	22c DATE	SIGNED
	10	1/1/1				NG ME	DICAL STAFF		11	1. 1.1
	(V	men			PHYSICIA	AN DIR	DICAL STAFF ECTOR PHYSICIA	NO	111-	7-83
	274 PHYSICIAN'S N	ME ATTHE CHIEFTE			22e ADDRESS					
	Jar	ne Nelson	, M.D.		9000 F	rank	lin Squa	re	Drive,	21237
23e	BURIAL, CREMATION, RE	MOVAL TOO DATE	1 23,	NAME OF C	EMETERY OR CREMATO	OPV 122	d LOCATION			
	(SPECIFY)						CITY OR TOWN	14-	YTHUDD	STATE
	Burial	[Nov.]	12,1985	ardens	s of Faith		Baltimore,			
174 F	UNERAL DIRECTOR									
	NAME		ADDRESS		230		D. BY REGISTRAR 25			
		eral Home		lk Ind			OV 12 198			

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the c should be detached for use as the burial-transit permit. Then please rema with the State Dept. of Health and Mental Hygiene prior to burial, cremal

TO HOSPITAL OR ATTENDING PHYSICIAN: The low



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CHARLES HE SHOOMED WERE

Er. Greery J. M. Ler, M. Cou N. D. Ivint Etret, Ell., ME

Creat stiles 11/12 66 Green Mount e • 55,00 E

Henry W. Janine & sons U.

ARUS YER ROAD BILLO., INDIE 21212

311094

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CEKI	IFICALE OF DEATH	REG. NO.	
1	I DECEASED NAME	FIRS1	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1		rmuel	-	Berman	11-	3-1985 8:39AM
K	3. SEX	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	1		MOI	_	^ 0	AIONINS DAYS MOURS MIN.
4	Ta, BIRTHPLACE (STATE ORFO		WHAT COUNTRY? 8	9-13-1917	9 BALTIMORE CITY OR COU	
d	COUNTRY		MARR	RIED XX NEVER MARRIED	_	
	MARYLANI		.S.A. IWIDOV		DELL LURING	
1	O CITY OR TOWN OF DEA		HOSPITAL, NURSING HOME CHEACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
	RANDALLSTOWN	RALTIM	ORE COUNTY GE	NERAL HOSPITA	I. FLECTRICIA	N CONSTRUCTION
7	SUAL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	CODE
	MARYLAND	138 COONT	BALTIMORE	YES VIV NO	3314 NERAK R	
	A FATHER'S NAME		DALILIYORE	15 MOTHER'S MAIDEN N		D. 21208
1	FIRST	MIDDLE	LAST	FIRST	WIDDLE	LAST
4	MAX 160 WAS DECEASED EVER I	NILLS ADMED EODCESS	BERMAN 166 SOCIAL SECURITY NO	REBECC 17 INFORMANT	ADDRESS	SILVERMAN
7	TYES NO OR UNKNOWN	(IF YES GIVE WAR OR DATES)	100 SOCIAL SECORITI NO	. III INFORMANI	ADDICUS	
4	YES	WWII-ARMY	219-05-6704	MRS. ESTHER	BERMAN 3314 N	ERAK RD. 21208
1		Enter only ane cause per	line fai (a), (b), and ic			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH W		Metas totic	Carcina	na Se	
ı	1 10 22 945	IMMEDIATE CAUSE Id)	Terror	20/0//0/		
1			R AS A CONSEQUENCE OF			
ı	Conditions, if any,		HABALVEBY	NO MCL		
ı	cause (a), stating	the DUE TO, O	R AS A CONSEQUENCE OF			
1	underlying cause	last.				
1	PART 2 OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART I a
ú	Q Resp FO	211200				
7	196 DATE OF OPERAT		ITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED
ä	12				_ 1/	ERTIFYING CAUSES OF DEATH?
d	210. ACCIDENT WAS UND	ERLYING 7 216. TIME C	VE HALILIDA	21. HOW IN HIRY OCCU	YES NO	YES NO
f	OR CONTRIBUTING C	the second to	M. MONTH DAY YEA	R R R R R R R R R R R R R R R R R R R	JRRED (ENTER NATURE OF NJURY IN ITEA	M 18 PART OR PART 2)
1	(IF EITHER NOTIFY MEDIC		M. 19			
H	21d INJURY OCCURR		OF INJURY REEL FACTORY, OFFICE, FARM, ETC.)	ZII LOCATION	CITY OR TOWN	COUNTY STATE
ı	WHILE NOT WHE	LE S	REEL, PACIONI, OFFICE, PARM, EIC)			
ı		(this haspital) attended th	ne deceased from 1	1-3 10 8	5 10 11-3	19 55 , that (11 (we) lost
ı	and the decrees	delice or \$5.	- 3 10 9-5	and that in (my) (our) opinia	in death accurred an the date and	hour and from the causes stated
ı	obave, (1) (we) (d	id) (did nat) view the bady	after death.	DEGREE		22c. DATE SIGNED
П	220. SIGNATURE	1 1		ATTENDING	MEDICAL STAFF	IR. DATE SIGNED
	allain	y. clur	ces n.D.	PHYSICIAN		111-3-85
	224. PHYSICIAN'S NA	ME (TYPE OR PRINT)		22e ADDRESS		
	Allan.	J. China	US M.P.	Balt Con	enty Gener	al Hospitel
I	230 BURIAL, CREMATION, F			CEMETERY OR CREMATORY		1
	RYIDTAI	11/7		W VOLING MENG	CITY OR LOWER	COUNTY A DAZE A A TOSTATE

DIVISION OF VITAL RECORDS, 201 W.

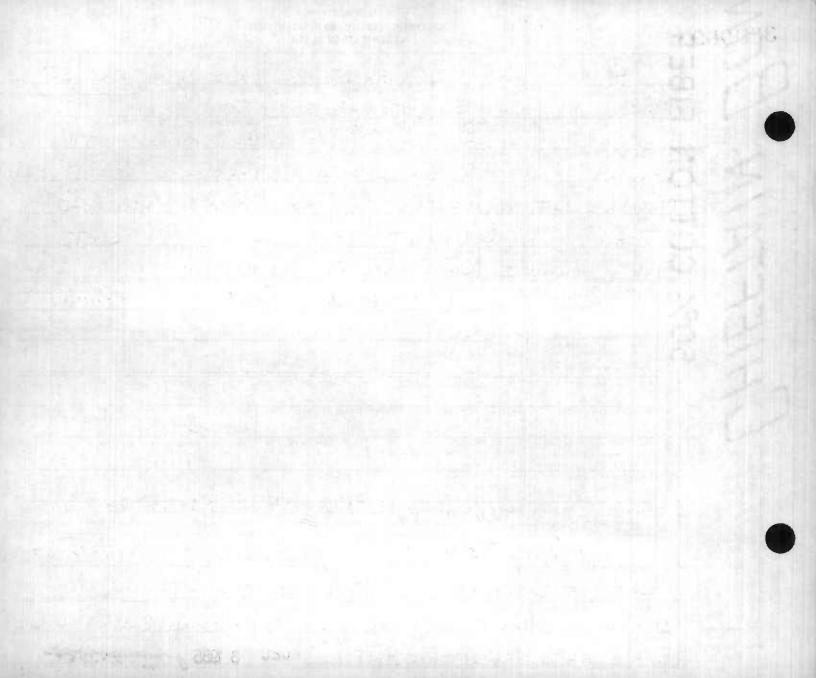
DHMH - 16 60M 7/B4 (VRA 15, 4)

HEBREW YOUNG MENS CEM

BALTO., MD 21215 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC 6010 REISTERSTOWN RD.

CERTIFICATE OF DEATH	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1
STATE OF MARYLAND	2.1

ge 4 moy be crtor page 3 rs ofter death		REGISTRAR CEASED NAME FIRST OR PRINT) 1 1	WIDDLE	LAST	REG. NO.	
a section and a	3 SE	HERRY	R. BE	ROHAROT S. DATE OF BIRTH MONTH DAY YEAR	november 25	1985 3 POUNTER VEAR IF UNDER 24 HI
rs ofter death Pag	1	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND TY OR TOWN OF DEATH	TO HITS TO CITIZEN OF WHAT COUNTRY? U-S-A- 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2900 CUBJ	MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY BALTIMORE CITY OR COUNTY 120 USUAL OCCUPATION LITTE OF WORK FOR MOST OF WORKING LIFE PHARMORY	TIZE KIND OF BUSINESS
nd completely lifed by	130 S	ARYLAND BOUT THER'S NAME TO HA VAS DECEASED EVER IN U.S. AR	MIDDLE BERNHAR MED FORCES? 166 SOCIAL SECU	13d. INSIDE CITY LIMITS? YES NOTHER'S MAIDEN NA OT REST SCH	ME ADDRESS / ZIP CODE	L ROAD SCOTT
signed by the attending physicion and then please remove carbon papers. Page to buriol, cremation, or remaval ijury, or other traumotic event, the medi	N	18 CAUSE OF DEATH IEnter on PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if ony, which gave rise to immediate cause 101, stating the underlying cause lost	ly one couse per tine for 10 (b), and DBY: E CAUSE 10)	NADEWA UCO	RECOROS	APPROXIMATE INTERVAL BETWEEN ONS I AND DEA TULLUS IN IN PART 110
hos been permit Tene prior	L CERTIFICATION	19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING CAUSE OF DEA	216. TIME OF INJURY	OPERATION WAS PERFORMED 21c HOW INJURY OCCURI	IN CERTIFY	WERE FINDINGS USED /ING CAUSES OF DEATH?
the hospital or ottending physicial DIRECTOR. After this certificate letoched far use as the buriol-transstee Dept. of Health and Mental Hygist. If Nem 21 is marked at Nem 18 sh	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE NOT WHIE AT WORK 17 WORK AT WORK 120 I certify tha (II) this haspi		5 and that in my appinion DEGREE	city or town to 00000000000000000000000000000000000	county state 1985 that (1) we) and from the causes state 1224 PATE SIGNED 17-26-82
TO FUNERAL should be determined by the State with the State IMPORTANT.	101	DR. ROBERT S URIAL CREMATION, REMOVAL URIAL CREMATION, REMOVAL URIAL AL	. 5TO 05 R	220 ADDRESS 714 YORK NAME OF CEMETERY OR CREMATORY ORLAND Mam. PK.	ROAD - TOWS	COUNTY MARY



311100 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND

	FOR STATE REGISTRAR	DEPARTM		EALTH AND	MENTAL HYG DEATH	IENE REG. 1	10.				4
-	1 DECEASED NAME (TYPE OR PRINT)	NO L D MIDDLE		SSE	R	20. DATE OF DEATH	MONTH		VEAR 85	26 HOU	P M
	3. SEX	4 RACE	5. DATE C		YEAR	6 AGE (IN YEARS LAST B	RTHDAY)	MONTHS		IF UNDER	24 HRS MIN
H	MALE	WHITE	AUG.	29,	1928	57	YRS				
1	To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIE	V NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DE	ATH		
1	MARYLAND	USA	WIDOWE		ONORCED [BALTI	MORE (COUN	TY		MD
1	10. CITY OR TOWN OF DEATH RANDALLSTOWN	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A BALTO. CO. GEN	DDRESS)		STITUTION	12a USUAL OCCUPA (TYPE OF WORK FOR MOST MERCHAN)	OF WORKING LI		USTRY	ETA:	
1	13a STATE 13b COU	IR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 136. CITY OR TOWN BALTIMOF	V	134 INSIDE	CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		PI.	#21	207
1	FATHER'S NAME FIRST GEORGE	MIDDLE BESSER			R'S MAIDEN NA/	WE		РО	SNEF		
	160 WAS DECEASED EVER IN U.S. AI (YES NO OR UNKNOWN) (IF YES GI YES KORE	IVE WAR OR DATES)		17 INFORM	MRS.	BETTY SÛE			I		
n	PART I. DEATH WAS CAUS	inly one couse per line for 101, (b), onc ED BY MACI	GNF	17	LYMP	HOMA		ise	APPROXIA	MATE INTER	DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF	DE	HYDR	ATION					
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF								

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

216 TIME OF INJURY 210. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY

11-3-85

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY OFFICE, FARM ETC } NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from

in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATUR DEGREE

22 ABDRESS

21215

ATTENDING

DIRECTOR PHYSICIAN

STATE

NO F

BURIAL

230 BURIAL CREAMATION

(SPECIFY)

23c NAME OF CEMETERY OR CREMATORY

HEBREW YOUNG MEN

LOCATION

COUNTY

IN CERTIFYING CAUSES OF DEATH?

YES

BP

FUNERAL DIRECTOR:

should be detached

PORTANT

DHMH - 16 60M 7/84 (VRA 15, 4)

be

80

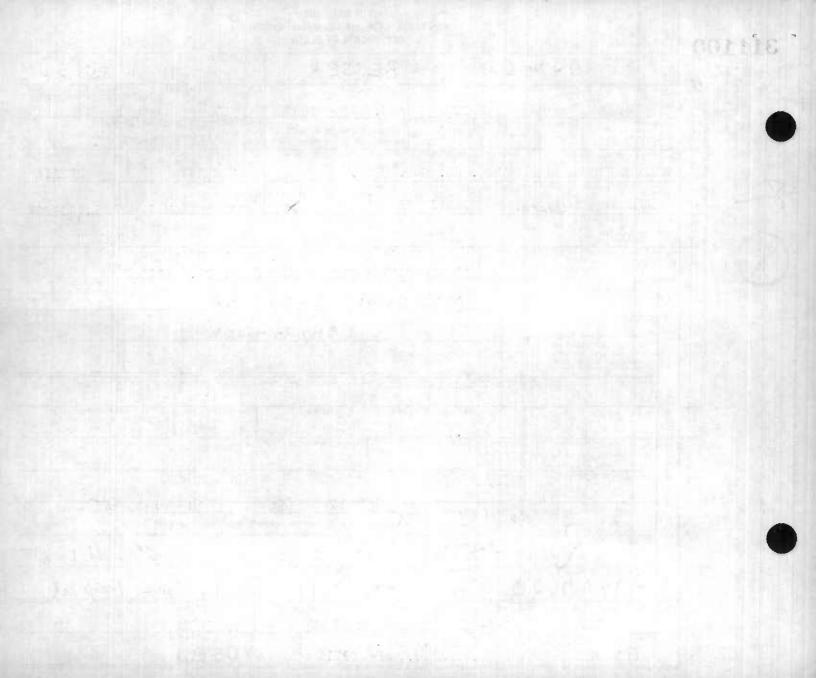
orked or hem

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD

250 DATE REC D.

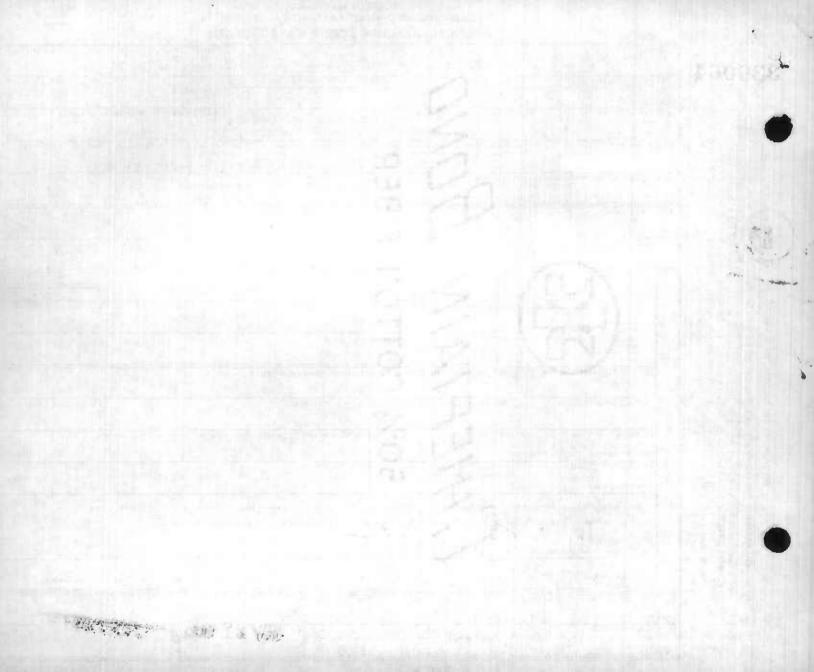
BALTIMORE

TRAR 256 REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGI - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED X Andrew Beavan McKenna 4 RACE AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY 1:04 RONOUNCED 3 - 10 - 2311-25 1985 Male White D. M BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED [DIVORCED Baltimore County, USA O CITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION in auto in front of 7401 Remoor Rd. Retired- WJZ Television Woodmoor SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 3s STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Woodmoor YES [] NO x 7401 Remoor Rd. 21207 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Raymond Beavan McKenna Helen 17 INFORMANT 68 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Baltimore 21207 WW 2 219-18-1988 Mrs. Margaret Beavan 7401 Remoor Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME, II LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK Inspection X 22a I certify that I took charge of the remaind described above, held on Homicide Undetermined manner Natural cause Assistant MEDICAL EXAMINER 11-26-85 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 11-29-85 Pikesville Baltimanne Druid Ridge Cemetery Burial 07/84 THE FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250 DN DNC DE REGISTRATION DE LA PROPERTIE DE LA PROP **DHMH** - 17 (VR A15 ME (5)) 8728 Liberty Rd. Randallstown, MD

STATE OF MARYLAND



201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

FUNERAL HOME REISTERSTOWN MD.

1.	STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDIE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	GERTRU	E L.	BIEMILLER	11	/05/85 1:30 M
1. SE	X	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	FEMALE	WHITE	6 19 1892	93 v	RS.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	JNTY OF DEATH
MA	RYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	COUNTY MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
RE	ISTERSTOWN	14207 HANG		HOUSEWIFE	NO CHEL THADOSTRE
13a. M.	STATE 1136 COU				ER RD. 21136
15	FIRST	MIDDLE LAST	FIRST	WIDDLE	1AST
/	WILLIAM	BALL	GRACE	ADDRESS	DAVIS
18	WAS DECEASED EVER IN U.S. A LYES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			14207 HANOVER R
	10	212-07	-1516 EDWARD H.	BIEMILLER	21136
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line to (0), (b), SED BY:	ond (ct.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		ATE CAUSE (0)	noma - Red	nega	1 leason
L		DUE TO, OR AS A CONSEC	QUENCE OF		
	Conditions, if any, which gave rise to immediate couse (01, stating the	DUE TO, OR AS A CONSEC	OHENCE OF		
	underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF		
	PART 2. OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	N GIVEN IN PART 10
CERTIFICATION					
S.	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Ē				YES NO NO	YES NO
CR	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY YEAR 21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITE	M IS PART T OR PART 2)
AL	OR CONTRIBUTING CAUSE OF D	CAIR	19		
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK	TATTOME STREET, FACTORY, OFFI	CC FARM, CICY		
	22a L certify that (1) (this has	pital) attended the deceased fro	m		. 19 , that (I) (we) last
	saw the deceased alive a above, (1) (we), (chid) (alid)	or	, and that in (my) (auc) apinio	n death occurred on the date and	d hour and from the causes stated
	226 SIGNATURE	1.1	PEGREE		22c. DATE SIGNED
	(E / W	elleanen	ATTENDING PHYSICIAN	MEDICAL STAFF	11-6-85
1	274 PHYSICIAN'S NAME (TIPE	OR PRINT)	22e ADDRESS	· In V	1 /2 / 6
	CEITW	Illiame 1	11) 1/904 Leis	eistern of fair	Islam W. 21/36
23a.	BURIAL, CREMATION, REMOVA		30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	BURIAL	11/05/85 P	ARKWOOD CEMETER		Ma
24 F	UNERAL DIRECTOR	ADDRES	25a D	ATE REC'D BY AE GOOD 256. RE	
E	LINE FUNERAL		RSTOWN MD.	1)	

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT: If Hem 21 is

JERTHODE L. BICHILLER A. WHITE U 1892 COUNTY BALTIMORE COUNTY REISTERSTOWN 19207 HANGVER TO. HOUSEWIFE MARKEAND BARTINGRE EISTERSTOWN X 1920/ HANOVER RO. 21136 CAVAG BALL GRACE SALLIFE

212-07-1516 EDVANCE H. HEMILLER 29436

SUPLAL TIANGLE PARKNOOD GENETERY BALTINORS

14207 HANGVER

-LINE PUNERAL HOME REISTERSTOWN MD.

4		FOR STATE		DEPARTA	NENT OF H	E OF MARYLAND EALTH AND MENTA ICATE OF DEATH		ENE Ö	2	Ú	U	7	*
1		REGISTRAR							REG. NO				
		EASED NAME FIRST SOHN		A.	B	ISH, SI	R	DATE OF D	W.	er 29,	1985	26 HOU	P.
3.	SEX	Male	1 RACE	HITE	5 DATE O	DAY YE		AGE (IN YEA	RS LAST BIRT	YRS	NDER I YEAR	IF UNDER	24 HRS MIN
70	BIR	THPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIE	D - 9	BALTIMORI	E CITY O	COUNTY OF	DEATH		
4	So	th Carolina	U.S.A		WIDOWE			Baltin	nore	County			N
10	CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTIO		12a USUAL OG			12b. KIND O	F BUSINE	SS O
		ndallstown	Baltim	ore County	Gene	eral Hospi				merica		dard	C
U 13	SUA 3a S1	ATE 136 COL		134. CITY OR TOW		13d. INSIDE CITY LIM	AITS?	3e STREET AD	DDRESS /	ZIP CODE			11
	Ma:	ryland Bal	timore	Dundalk		YES NO	X	7526 I	Durwo	od Road	1	21	222
/18	FAI	HER'S NAME	MIDDLE	LAST		15 MOTHER'S MAID	ENNAME	E		9	18.		
EL.	Ger	orge	MIDDLE	Bish		FIRST		Not	Know	'n	LAS		
1	o W	AS DECEASED EVER IN U.S. A			RITY NO.	17 INFORMANT			ADDRE	2.0	7 4 1		
П.	NO	S, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	213-01-4	11/10	Betty Kac	212		Pois	4031 (terstov			0a 11
		Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	(c)_	dr as a conseque									
2		PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO TH	IE TERMIN	NAL DISEASE	or cont	OITION GIVEN	IN PART 11		
7	CERTIFICATION	9a DATE OF OPERATION	19b CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOP	SY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	OF DEAT	H?
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21¢ HOW INJURY C	OCCURRE	D I ENTER NATU	RE OF INJUR	Y IN ITEM 18 PART	OR PART ?}		
N. C. A. C.	MEDICAL	WHILE NOT WHILE AT WORK		OF INJURY TREET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		140	CITY OR TOV	VN	COUNTY	51	TATE
		22a certify that (1) (this has	oital) attended t	he deceased from_	/	1724 19	25	, to	est:	7 9 19.	8/	that (I) (w	e) lo
	-1	sow the deceased alive a above, (1) (we) (did) (did r	n		, 01	nd that in (my) (our) o	pinion de	oth occurred	on the do	te and hour on	d from the	couses sto	ted
		22b. SIGNATURE	Sym V	y offer death		DEGREE ATTEND		MEDICAL DIRECTOR	STAF PHYSIC		22c. DATE	SIGNED 24/1	
		224 PHYSICIAN'S NAME (TYPE	SASKU	CSKY,	20	22e ADDRESS							

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

230 BURIAL, CREMATION, REMOVAL

Burial

ADDRESS Dundalk, Maryland 21222

236 DATE

12/3/1985

23c NAME OF CEMETERY OR CREMATORY

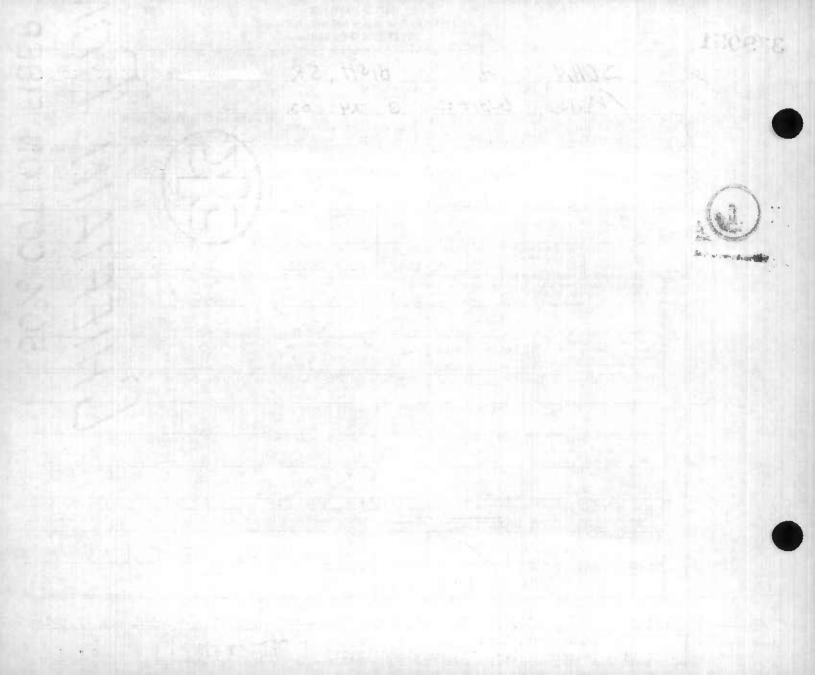
Holy Rosary Cemetery

23d LOCATION

tery Dundalk Baltimore Ma 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Baltimore Maryland

STATE

COUNTY



FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE THE PERSON AND THE PERSON OF THE PERSON	•
CERTIFICATE OF DEATH	PEG I

	NEO IO I MI III						REG. NO.		
	CEASED NAME FIRST	-	MIGOLE	i.	AST	20 DATE	OF DEATH MONTH DA	Y YEAR	2b HOUR
1	HARRY	/		Bissi	-1/		11/21/	85	9 45 A. M
3 SEX		4 RACE		5. DATE OF BIRTH				UNCERIYEAR	IF UNDER 24 HRS
	Male	Caucas	ian	Apri	1 13, 1912		73 YRS	INIHS DATS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	_	9 BALTI	MORE CITY OR COUNTY C	FDEATH	
	ouniry alifornia	U.S.	Α.	WIDOWE	D WEVER MARRIED U	Rai	Ltimore Count	V	MD.
-	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	-	IAL OCCUPATION		OF BUSINESS OR
Ou.	M. Netonen	(IF NOT IN SUC	H FACILITY, GIVE STREET A	ODRESSO	udulstone.		WORK FOR MOST OF WORKING LIFE)	INDUSTRY	
LIST	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSIONI	MACHISTORIC	Acco	ountant		
13a. S	TATE 13b COU	VIY	1136 CITY OR TOWN	۷ ا	13d INSIDE CITY LIMITS?		ET ADDRESS / ZIP CODE	n 1	01122
-	7 24114	timore	Randalls	town	YES NO K	1	3 Briarstone	Road	21133
14 FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME	MIDDLE	LAS	51
	Clarence 0.	Inder	lied	11-11	Phoebe	Α.	Bissell		
	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT Arthu	r T.	Queen		21133
	No	SE WAN ON DATES!	218-36-9	651	8728 Liberty			n, Mar	yland
	18 CAUSE OF DEATH Enter or	nly ane cause per	line for (a), (b), and						MATE INTERVAL ONSET AND DEATH
- A	PART I. DEATH WAS CAUSE	D BY: TE CAUSE (o)	CVA	E M	emiplega	10			
	, whiteon		DAS A CONSTOLIS	ICE OF					2
	Canditions, if any, which	DUE TO, O	HY LLENT		'we ASCUL	1			
	gave rise to immediate	16)_	11		00 11 100 12				
	cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF					
		(1c)						1	
z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	1			INAL DISI	EASE OR CONDITION GIVE	IN PART 1	а
은	macique	rice	Lyupu			1	Tan myss	1.4505 St. 10	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a A		WERE FINDING CAUSES	NGS USED S OF DEATH?
T.	diam's second	3				YES [NO [
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	1 216 TIME O	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTE	R NATURE OF INJURY IN ITEM 18 PAR	I I OR PART 2)	
AI	(IF EITHER NOTIFY MEDICAL EXAMINE	ALIH.		19					
MEDICAL	21d INJURY OCCURRED	21e PLACE			211 LOCATION		CITY OR TOWN	COUNTY	STATE
X	WHILE NOT WHILE AT WORK	TAT HOME STE	REET FACTORY, OFFICE FA	RM ETC)	21KEE1		CITORIOWIS	COOKIT	STATE
TO	22a I certify that (I) (this hosp	ital) attended th	e deceased from	-	5- 19 68	to	11-21-19	35	that (I (we) last
	saw the deceased alive an above, (1) (we) (did) (did no	11-	21- 19 3	5_, or	nd that in (my) (aur) apinian	death occ	urred an the date and hour	and Iram the	causes stated
	22b. SIGNATURE	I view rie bady	arrer dearn.		DEGREE	/		22c DATE	SIGNED
	ablet	wer	ro w.	0-	ATTENDING	MEDIC	AL STAFF OR PHYSICIAN	11-	22-85-
	224 PHYSICIAN'S NAME (TYPE O	OR PRINT)			22e ADDRESS	DIRECT	OK LI PHISICIAIN LI	1	
	CESAR 1/A	LIE CI	4 VERU)	63110 Old	Con	cent Ret.		
					1111				

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as with the State Dept of Health TO FUNERAL DIRECTOR.

IMPORTANT: If hem 21 is

230 BURIAL, CREMATION, REMOVAL 23b. DATE

Cremation

11/22/85

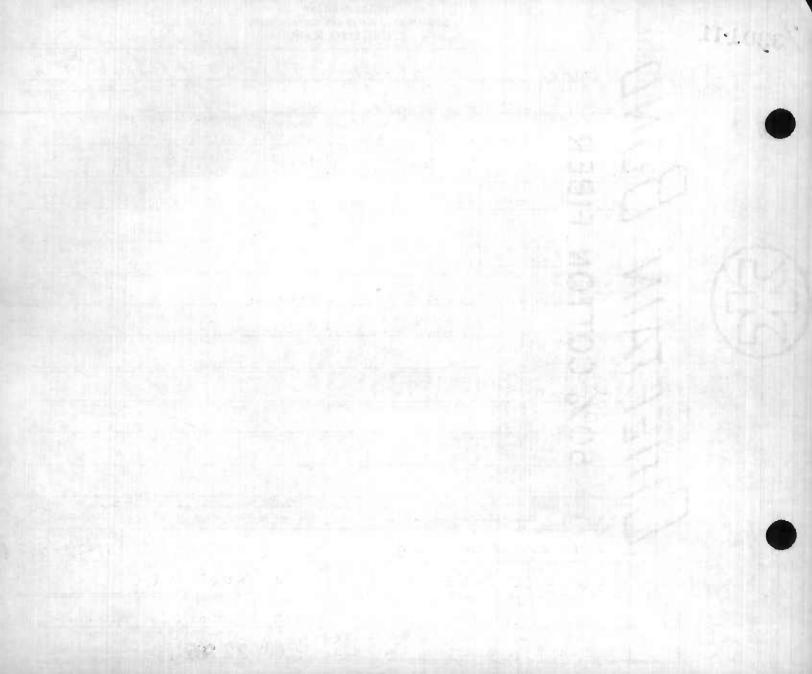
231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

Balto. MD. Catonsville

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC 8728 Liberty Road Randallstown, MD. 21133

Westview Crematory



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

BP

DHMH - 16 60M 7/B (VRA 15, 4)

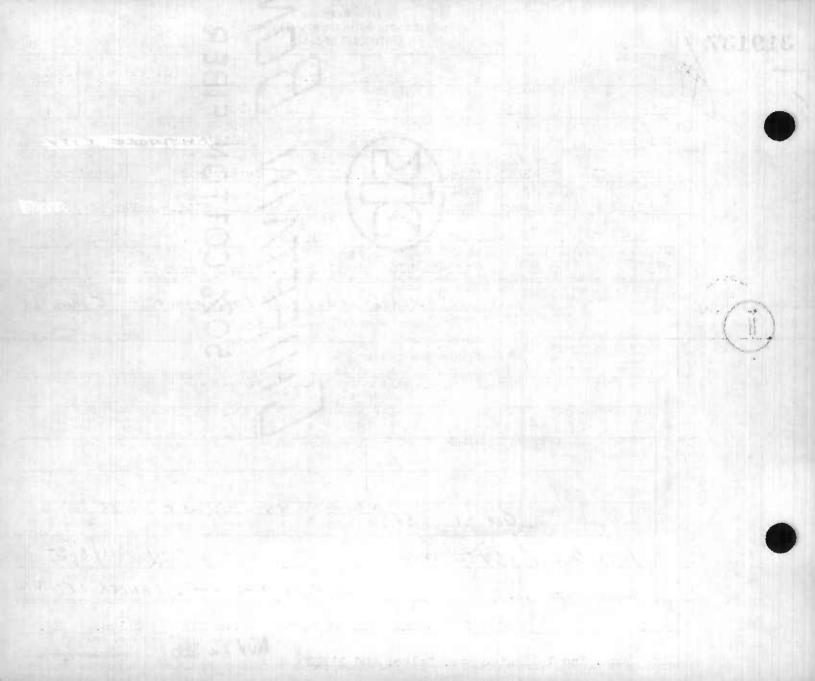
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RF	C	N	0

	REGISTRAR							REG			
	CEASED NAME	FIRST	A	AIDDLE	ı	AST		2a. DATE OF DEAT	HTMOM H	DAY YEAR	26 HOUR
11112	JOH	N	I	Ξ	BITZ	EL J.	r.	A PARTY OF	11	8 85	7:02A
3. SE	X		4 RACE		5 DATE C			6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEA	R IF UNDER 24 HR
Ma.	1e	EYO	White		MONTH		26	58	YRS	MONIHS DAT	S HOURS MB
a. Bi	RTHPLACE (STATE OR FOR	REIGN	76 CITIZEN OF	WHAT COUNT	TRY? 8		(7)	9 BALTIMORE CIT	7110		
	rvland		USA			DEN NEVER A		Baltimo	re Co	ent er	
_	ITY OR TOWN OF DEATH	н	11. NAME OF H	OSPITAL NU	RSING HOME C		ORCED T	12a USUAL OCCUP			OF BUSINESS C
1			(IF NOT IN SUCI	H FACILITY, GIVE 5	TREET ADDRESS]			TYPE OF WORK FOR MO	ST OF WORKING	LIFE) INDUSTR	Υ
-	erry Hall	C HOUT OR			Acres R	d. 2112	8	Superviso	r	Kenr	nicott
3a S		36 COUP		13c CITY OR 1		13d. INSIDE C	ITY LIMITS?	13e STREET ADDRE	SS / ZIP CO	DDE	
_		Balt	imore	Perry	Hall	YES 🗌	NO K	5025 Hil	ltop A	cres Rd	/217.28
. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S	MAIDEN NA	ME	F		AST
	John E	E.	Bi	tzel, S	Sr.	V	irgie	M		Long	3
	WAS DECEASED EVER IN			166 SOCIALS	SECURITY NO.	17 INFORMA	NT	AC	DRESS	100	
Ye	YES NO OR UNKNOWN)		E WAR OR DATES)	212-22	2-2504	Gerald	ine L.	Bitzel s	ame as	s 13e	
==	18 CAUSE OF DEATH	(E-4-,		Dec forces th) and in					APPRO	DXIMATE INTERVAL N ONSET AND DEAT
	PART I. DEATH WAS	SCAUSE	D BY.	and Y			0.01	carcino	4	BETWEE	NONSEI AND DEAT
	Conditions, if ony, v gave rise to imme- cause (a), stating underlying couse	diote	DUE TO, OF	R AS A CONSE				4 CL			
No	gave rise to immer cause (a), stating	the last.	(c)	R AS A CONSE	EOUENCE OF	NOT RELATED	TO THE TERM	NNAL DISEASE OR C	ONDITION (GIVEN IN PART	lta
INCANON	gave rise to imme- cause (a), stating underlying couse	ediate the last.	DUE TO, OR	R AS A CONSE	EOUENCE OF			100 AUTOPSY?	20b. IF) IN CER	GIVEN IN PART YES, WERE FING TIFYING CAUSE YES	OINGS USED
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Duda-Ruck, Inc 7922 Wise Ave. Balto., Md 21222



		FOR
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		REGISTRAR

STATE OF MARYLAND DEPAR

TMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CE	RTI	FICATI	OF	DEATH	

	REGISTRAR				CERTIF	ICATE OF D	CAIR		REG. NO.				
	CEASED NAME	FIRST		MIDDLE	i	AST		2a DATE O		DNIH [DAY YEAR	2b HOL	JR
1,1484	(DEPRINE)	Hen	111	R	13	11 1	1	11-	27-8	5		128	15
3.00				, —	V DATE	con c	coc	1 ACE	YEARS LAST BIRTHE		M. Carlos and a second	00	M
3. 58	F	1.1	RACE		5 DATE C		YEAR	O. AGE IN	TEARS LAST BIRTHL		MONTHS DAYS	HOURS	MIN.
/	FEMAL	F	WHE	TF	1/	12	13	8	2)	YRS.			
7u. b	RTHPLACE PUBLICA	MEIREIGN 7b		WHAT COUN	TRY? 8.			9 BALTIMO	RE CITY OR	-	OF DEATH	-	
	country /2	1	1-24-			D NEVERM	-		12-	1	1		
M	ARYLAND	7	U.S.	A	WIDOWE		ORCED [120	(12	60.		MD.
TB. C	HY OR TOWN OF DE	ATH III.		HOSPITAL, NU	JRSING HOME (OR OTHER INSTI	TUTION		OCCUPATION EK FOR MOST OF W		126 KIND		ESS OR
RA	NOALLSTO	WNO B			O. GEN	. Hosp	LTAL		EWIFE		1) INDOSTRI		
Usu	AL RESIDENCE IN NUN	HE HOME OF OTH			BEFORE ADMISSION)		TTRE						
	STATE	113P CONILA		113c CITY OR		13d INSIDE CI	TY LIMITS?	13e STREET	ADDRESS / Z				
"IA	RYLAND	BALTIN	10RE	KEIST	ERSTOW	YES 🗌	NO 🗌	4023	SYKE	SVI	LLE R	D. 2	<u> 2104</u>
MYFI	ATHERS NAME	MIDE	DI E	LAST		15 MOTHER'S	MAIDEN NA	WE	MIDDLE				
A.	HARLES	E.	J.C.	WILHI		MART		Α.	0	F	YLER	ST	
	WAS DECEASED EVER		D FORCES?		SECURITY NO.	17 INFORMAN		7.0	ADDRESS			0404	0
	YES NO OR UNKNOWN)	(IF YES GIVE W					14.00	92350				2104	-8
	No			218-24	4-9364	BETTY	J. S	TULL	4023	SYK	ESVIL	LE P	D.
	8 CAUSE OF DEA	TH (Enter anly a	ine cause pe	r line far (a), (b	and ic						APPRO:	XIMATE INTE	RVAL
	PART I. DEATH V			Ca - ch	110405	porat	ULY	ALL	857		2 1	21104121	page 1911
	1000	IMMEDIATE C	AUSE (a)		, , , ,		1						
	Barrell Land		DUE TO, C	R AS ACONS	EQUENCE OF		2. /	. /	+ 5	. 1.			
	Conditions, if any		(b)	(400	416	on sest	Tue +	1000	1 1 9	,,,,,			
	gave rise to im couse (a), stati		DUE TO ID	R AS A CONS		,					. 10 3		
	underlying causi	e last	D	16 Let	~ F	mel	Hum	~ Low	non		10 / 0		
	DART 2 OTHER CIC	NUTICALITY COL	IDITIONS C	Chizpipuzikic			17/2	707					
2	PART 2 OTHER SIG	O	ADITIONS C	ONTRIBUTING	DEATH BUT	NOT RELATED	IO THE TERM	INAL DISEAS	E OR CONDI	ION GIV	EN IN PART 1	0	
5	/	TOTE	14 tc	24144	093	To again	7						
CERTIFICATION	140 DATE OF OPERA	MONT	196 COND	ITION FOR WI	HICH OPERATIO	N WAS PERFOR	MED	200 AUT			, WERE FIND		
1	The state of							YES	NORTH		S I	NO [
黄	21a. ACCIDENT WAS UN	DERLYING	216 TIME C	OF INJURY		21c HOW INJ	URY OCCURE		ATURE OF INJURY I				
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A	.M. MONTH	DAY YEAR	100/100		, , , , , , , , ,					
Ž.	(IF EITHER NOTIFY MED		P	.M.	19			V. S No.	-				
MEDICAL	21d. INJURY OCCUR	₹RED		OF INJURY		211 LOCATIO	N		CITY OR TOWN		COUNTY		STATE
2	NOT W	THILE	(AT HOME ST	REET PACTORY, OF	FICE, FARM, ETC.)								
	22a. I certify that		attended th	a decayed fo	5-7	3	1984	10 /	1-27		T-2-01		-11
	saw the decea		11-2		CIL	dahar sa (ma)			A	1.1		that O	
	abave (1) (we)	did did not) vi	ew the bady	after death		nd that in my	our) apinion i	death accurre	ed an the date	and have	and from the	causes st	ated
	226 SIGNATURE	101				DEGREE					22c. DATE	SIGNED	
	Edward	1 Juc	_		3-1-		TENDING	MEDICAL	STAFF PHYSICIA	NI	11-	27-8	5
	22d. PHYSICIAN'S N	AME (TYPE OR PR	IN1)			22e ADDRESS	HOICIMIA L	DIRECTOR	FITTSICIA		1.	10	
	Federal	-/ Chas	- 640 M				6,60	-+ x	PLA	NSI	9 Mg	el	/
	1000	7 7 16	201	/		-	- , / ,	1	1	401	1. 1/0-	crass	MY

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL

23¢ NAME OF CEMETERY OR CREMATORY

2/133 Mo.

24 FUNERAL DIRECTOR ELINE FUNERAL HOME

11/27/85 EVERGREEN MEMORIAL FINKSBURG CARRULL
250 DATE REC'D. BY REGISTRARIZSD. REGISTRAR'S SIGNATURE
DEC 2 885 Julia Saidon-Rand

PEMALE

PARYLAND

V.S.A.

X

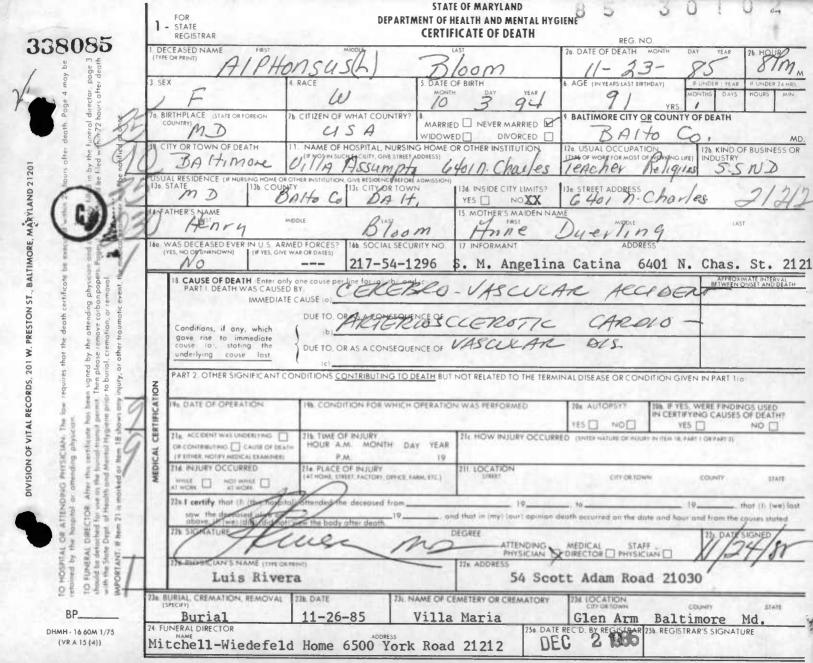
RANDALLSTOWN SALTIMORE CO. GEN. HOSPITAL HOUSEWIFE

MARYLAND BALTIMORE REISTERSTOWN 4023 SYKESVILLE RD. 21048

CHARLES E. WILHIDE MARTHA K. R. EYLER
21045
NO 210-24-9564 BETTY J. STULL 4025 SYKESVILLE RD.

BURIAL 11/27/85 EVERGREEN MEMORIAL FINKSBURG CARROLL MD.

ELINE FUNERAL HOME REISTERSTOWN, No.



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FOR

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 26 HOUR 7:55DM AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONTHS DAYS HOURS BALTIMORE CITY OR COUNTY OF DEATH COUNTY BALTIMORE 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY 13e STREET ADDRESS / ZIP CODE 4416 Marble Hall Rd. 20 Redwood Circle Hagerstown, Maryland 21740 APPROXIMATE INTERVAL HOURS YEARS YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES Y NO YES V 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE 19 85 , that (I) (we) lost , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 11/22/85 DIRECTOR PHYSICIAN 6701 N. CHARLES STREET 21204 Burial Baltimore City, Maryland Nov. 25,1985 Baltimore National 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 6500 York Rd. DHMH - 16 60M 7/84 Mitchell-Wiedefeld Home, Inc. Balto., Md.21212 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

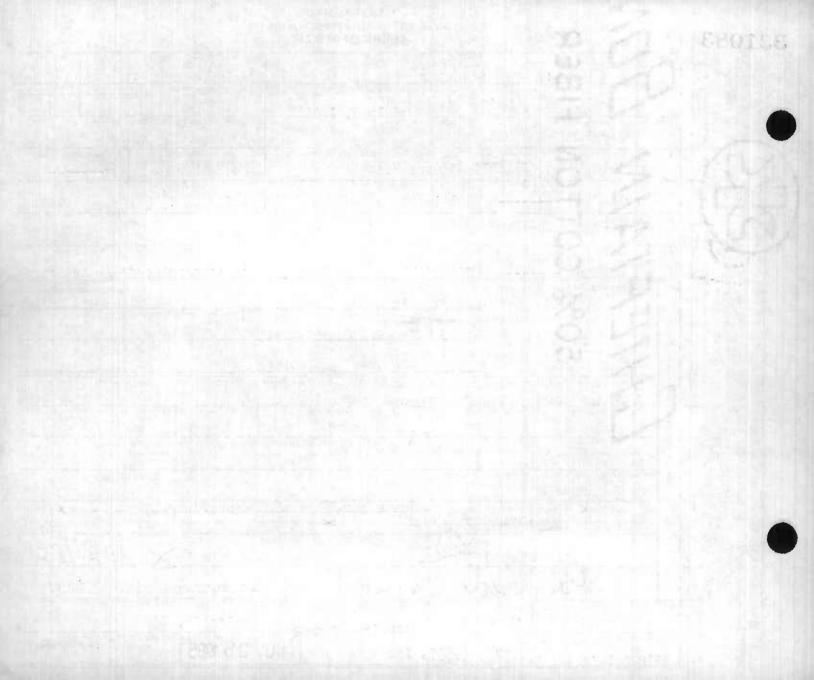
1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL		E REG. NO	o.		
	CEASED NAME FIRST		WIDDLE	t	AST	2a.	DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
		Ann I	BORACKI			No	ovember	23.	1985	11:05A
3 SE		Whit		5. DATE C	DAY YEAR		AGE (IN YEARS LAST BIRT	YRS	MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	USA	WHAT COUNTRY?	8	D NEVER MARRIED		altimore city o			MD.
K.	Rossville	Franki	HOSPITAL, NURSING STREET SQUARE	ADDRESS) B HOSE	OR ÖTHER INSTITUTION	N 12a	USUAL OCCUPATION HORE FOR WORK FOR MOST OF HOMEMAKEY	ON	12b, KIND (OF BUSINESS OR
134	Maryland	THER INSTITUTION	Baltimon		13d INSIDE CITY LIMIT		STREET ADDRESS /			21206
14 F.	ATHER'S NAME Michael Rozansk	T T	LAST		15. MOTHER'S MAIDEI	Jano		, , ,	ĮA	
	WAS DECEASED EVER IN U.S. ARA	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT		ADDRE	SS		
	NO	WAR OR DATES	22003927	74	Helen M	1 Kan	inski 541	O Ri	ddison	Ava 21206
z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, O	R AS A CONSEQUE MUltiple ONTRIBUTING TO	Shock ENCE OF B age DEATH BUT		onia. E TERMINA	l DISEASE OR CON	DITION C	GIVEN IN PART 1	(0
CERTIFICATION	Status post	Cere	bral vascular acciden DITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?	IN CER	YES, WERE FIND	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	. Р.	M. MONTH DA	AY YEAR	21c HOW INJURY OC	CCURRED	ENTER NATURE OF INJUI	RY IN ITEM 11	8 PART 1 OR PART 2}	
MED	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TO		COUNTY	STATE
	22a L certify that (this hospit saw the deceased alive an abave, (we) (did) (d	Novemb	er 2319	85	nd that in (our) ap	85	h occurred on the do	r 23 ate and h	3. 19 <mark>85</mark> aur and fram the	that K (we) lost causes stated
	226 SIGNATURE	1 5	7	,	DEGREE ATTENDIT PHYSICIA	ING A	AEDICAL STAI		11/2	185
	22d. PHYSICIAN'S	PRINT)	W 54	ern	9000 Fra	ankli	n Squar	e Dr	ive, 2	1237
23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation	23b DATE 11/24			ty Process		Balto Co,		COUNTY	STATE
24 F		Funera	1 Hombess	Inc	0, 00033	NOV	2 5 1985	25h REGI	STRAR'S SIGNA	THE SAME

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

TO HOSPITAL

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STATE OF MARYLAND

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YTHUOD BROWLTJAB X .O.C.- GWALYGA

TELETRATOWN 20 AGRED HEAPT LAND RETIRED EQUIPMENT DERNATOR

TARYLAND BALTIMORE REISTERSTONN TO ACRED MEART LANE,

BOSLEY

SAMUEL 1. COSLEY ANN 12910 HANGVER EG.

· VES W.W. 1. 215-22-yayb UHAHLES . CELEY REISTERSTOWN27136

SUBLIAL PROPERTY OF THE CARRIED CALLINORS NO.

BLINE PUBLIAL HOME "EISTERSTOWN, NO.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		
1. DECEASED NAME FIRST (TYPE OR PRINT)	James	LeRoy	Bow	ers	2a. DATE OF DEATH NOV.		985	26 HOUR 430
SEX Male	4 RACE White		5. DATE O		6 AGE (IN YEARS LAST BIRT)		ONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	MARRIE WIDOWE	DED DIVORCED	9 BALTIMORE CITY OF Baltimore			м
Randallstown				n. Hospital	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF ROad WORK)		126. KIND C INDUSTRY Balt	imore C
USUAL RESIDENCE IF NURSING HOM 130 STATE 136 CC Md. Baj	E OR OTHER INSTITUTION DUNTY LO.	GIVE RESIDENCE BEFORE 130 CITY OR TOW Owings M		134 INSIDE CITY LIMITS?	13 STREET ADDRESS /	ZIP CODE Y ROA	d 21	117
Abner	WIDDLE	Bowers		Josephine	MIDDLE		Turnba	ugh
(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? GIVE WAR OR DATES)	213-14-		INFORMANT Elsie Bower	12 Kings			
18 CAUSE OF DEATH I Enter PART I. DEATH WAS CAI IMMED Conditions, if ony, which gove rise to immediate	DIATE CAUSE (b)	DR AS A CONSEQUE	Mo	rearlif hy	Juiler		BETWEEN	ONSET AND DEATH
	NT CONDITIONS C		DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE		N IN PART 1	
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	148 COME	OTHOR FOR WHICH	OPERATIO	IN WAS PERFORMED	YES NO	IN CERTIFY YES	ING CAUSES	OF DEATH?
OR COLUMNIA COLUMN	DEATH HOUR A		YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)	
OR CONTRIBUTING CAUSE OF CAUSE		OF INJURY TREET FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
22a.1 certify the (1) Ous he saw the eccented of above (1) A will die (die			CF.0	nd the union (our) opinion (death occurred on the do	te and hour	ond Irom the	that (I) (ive) los couses stated
SIGNATURE C	each.			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22 DATE	JL-9+
22d PHYSICIAN'S NAME (TO	PE OR PRINT)		18	22e ADDRESS	0.0	c (.)	77 1	00

230 BURIAL, CREMATION, REMOVAL

FOR

231 NAME OF CEMETERY OR CREMATORY

Owings Mills, Md.

ATORY 23d LOCATION COUNTY

RK. Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Cremation 26,1985

Westview Mem. Park

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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	macrimenso.			Renda
le Kirreley Rond I'v	12.de Escera	Electricity		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

12

185

IF UNDER I YEAR

INDUSTRY

3:00 A

17h KIND OF BUSINESS OR

15 hours

20 yrs.

YES []

COUNTY

85

Construction

20 DATE OF DEATH

CHMH - 16 60M 7/84 (VRA:15, 4)

24 FUNERAL DIRECTOR

- STATE

REGISTRAR

DECEASED NAME

Stewartstown.Pa

226 DATE SIGNED 11/12/85

should be detached for use as the burial-transity with the State Dept. of Health and Mental Hygie TO FUNERAL DIRECTOR After this certifical

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If hem 21 is morked or hem 18 sh

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MAR

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

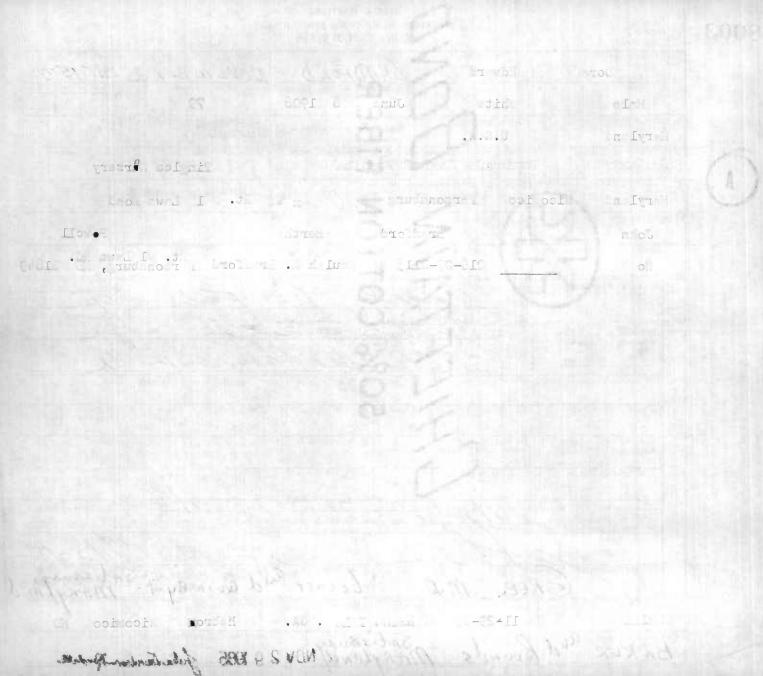
,		REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. NO	0.			
		CEASED NAME	FIRST		MIDDLE	1	AST			MONTH	DAY	YEAR	2h HOUR
	(ITPE	OR PRINT)	Danie	1 9	Stephan	В	owser		1	1	6	85	10:42Pm
	1, 5E)	X.		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	IF UNE	ER I YEAR	IF UNDER 24 HRS
	1	Male	ale White		OC	28 19	985		YRS	MONTH	9	HOURS MIN.	
13		HTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARR		9 BALTIMORE CITY O		TY OF D	EATH	
1	-		Md.	U. S	. A.	WIDOWE			Baltimore	Cour	nty		MD
6		TY OR TOWN OF DE	ATH	(IF NOT IN SUC	H FACILITY, GIVE STR	EET ADDRESS)	edical Ce		17a USUAL OCCUPATION (TYPE OF WORK FOR MOST O	FWORKING		KIND O DUSTRY	F BUSINESS OR
5	11a. S	AL RESIDENCE (IF NUR STATE	ISING HOME OR ISIN COUN	TY	GIVE RESIDENCE BEF 13c CITY OR TO Manche	NWC	136 INSIDE CITY LI		13. STREET ADDRESS / 2810 Bach	zip cor man F	DE Rd.	2	1102
	19.11	THER'S NAME		WIDDLE	LAST		15 MOTHER'S MAI	IDEN NAM	NE MIDDLE			LAS	ī
71,	/_	Gary			Bowse	r	Doro	thy	Lynn			nyde:	
0		VAS DECEASED EVEL YES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT			s Mano			
4	-	******				•	Mr. Gar	y Bow	ser, 2810	Bachm			21102
	NO	Conditions, if any gove rise to im couse (a), statuunderlying caus	nmediate ing the e lost	(b) DUE TO, OF	R AS A CONSEC Premat	etory D	istress S		ome Nal disease or coni	DITION G	IVEN IN	PART Ite	0
	CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	IN CERT	ES, WER	E FINDIN CAUSES	OF DEATH?
	MEDICAL CER	71a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	TH HOUR A.	M. MONTH	DAY YEAR 19		OCCURR	ED (ENTER NATURE OF INJUS	1		RPART 2)	
	MED	216 INJURY OCCUR	HILE	21e. PLACE ((AT HOME, STR	OF INJURY BET, FACTORY, OFFIC	E, FARM, ETC }	21f LOCATION STREET		CITY OR TO	wĸ		OUNTY	STATE
			sed olive on.	2216	19	<u>′ 85</u> , or	nd that in (my) (our)	opinion d	, ta11/6 eath accurred an the do	ate and ha	out and	231	couses stated
_		22b. SIGNATUR	hert 1	Palen	rmp		DEGREE ATTEN PHYSI	IDING ICIAN	MEDICAL STAR	F IAN X	2	20 DATE 5	7/85
		Dr. Robert A. Palermo			27e ADDRESS				ırles Stree	t Tov	vson	, MD	21204
	(BURIAL CREMATION (SPECIFY) Buria		236 DATE			emetery or crem. ew Mem. G	ar.	Fallston		rfor	d	Md. STATE
		JNERAL DIRECTOR			ADDRESS	5			RECD. BY REGISTRAR	256 REGIS	STRAR'S	SIGNATI	URE
	E.	F Tassahn	,11750	Belair	Rd King	sville	,Md.21087	OV 1	Q more	y			

SIMPLE

ARYLAND

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



DHMH - 16 60M 7/B4 (VRA 15, 4)

J.E. Lowell Lemmon Padonia York Rds.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

,	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0		
	CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH		DAY YEAR	26 HOUR
(170)		Doroth	F BI	RESSI			November 3	100	05	10:18pm
3. SE	X	20100	RACE	XLJJ1	S. DATE C		November 3	INDAY)	IF UNDER 1 YEAR	
1	Female	1300	White	e	1	22 1925	60	YRS	NOWING DATS	HOURS MIN.
	IRTHPLACE (STATE OR F			WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY			
	Maryla		USA		WIDOWE	D DIVORCED	Baltimore		nty	MD.
10 C	ITY OR TOWN OF DEA			HOSPITAL, NURSING THE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
	Rossville		Frank	lin Squar	e Hos	pital	Housewif	e		
3a :	AL RESIDENCE (IF NURSI	136 COUNTY	(13t. CITY OR TOW		136 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COL	DE	
	Maryland	Balt:	imore	Chase		YES NO **	6804 Lesli	e Rd	21027	
14 F.	ATHER'S NAME FIRST	MIC	DDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAS	ST
	George			Kraemer		Nellie	ADDRI		Green	
	WAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES GIVE W		16b SOCIAL SECT		17 INFORMANT				21.3
	no			219-16-3	3910	Anthony Bres	<u>si 6804 Les</u>	lie F		
	18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED 8	RY							ONSET AND DEATH
		IMMEDIATE (CAUSE (a)	Cardiopul	monar	y Arrest:Brea	st Cancer w	ith_	letastas	is
	Conditions, if ony, gove rise to imm cause (a), statin- underlying cause	nediate g the	DUE TO, O	R AS A CONSEQU	ENCE OF	tic Cardiovas Heart Failur osis Sepsis		30-11-		
N	PART 2 OTHER SIGN	IFICANT CO				NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION G	IVEN IN PART 1	а
CERTIFICATION	190. DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDE	
	21a. ACCIDENT WAS UND		21b. TIME C	OF INJURY M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
CAL	OR CONTRIBUTING C			M.	19					The state of
MEDICAL	21d INJURY OCCURS	ILE C	21e PLACE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that X sow the decease oboys, X (we) (d	(this haspital) ottended the	er 3	Novem 35	ber 2, 1985 and that in X;X) (aur) apinion	to Novembe	r 3 ate and ho	19.85 our and fram the	that X (we) last causes stated
	226 SIGNATURE	1/-	//		Ω	DEGREE	MEDICAL STA		27c. DATE	
	X. Ul	bro	1		1		MEDICAL STA		1110	3/85
	22d PHYSICIAN'S NA		RINT)		\	22e ADDRESS				
27-	BURIAL, CREMATION,		23b. DATE	122.	NAME OF C	9000 Frankl	in Square D	r.	21237	
120	(SPECIFY)			17		edeemer	Baltimo	re C	ity Ma	aryland
24 F	Buria UNERAL DIRECTOR		11/7/3	85 111	ory ite	250 DAT	E REC D. BY REGISTRAR	25h REGIS	STRAR'S SIGNAT	J
1	NAME			ADDRESS		11001	NUV 07 198	5	~ (100)	- Marian

Connelly Funeral Home 300 Mace Ave. 21221

DHMH . 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please rewith the State Dept. of Health and Mental Hygiene prior to buriol, crer

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340039	1 -	FOR STATE			STATE OF MARYLAND NT OF HEALTH AND MEN CERTIFICATE OF DEA	ITAL HYGIENE	3 3	3 U	6-4
. m.s			FRANK MIDI		PAST BROCAT		REG. NO DATE OF DEATH	MONTH DAY	YEAR 26. HOUR O
4 may be tor, page ofter deat	3 SE	FRAI	4. RACE		MONTH DAY	YEAR	GE (IN YEARS LAST BIRTH		85 JUNDER I YEAR IF UNDER 24 H
th. Poge ol direct		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?		8. MARRIED NEVER MARRIED		94 ALTIMORE CITY OF	F DEATH	
ther deat	-	Caly			WIDOWED DIVOR HOME OR OTHER INSTITU PRESS)	ITION 120	Da IT) MIL USUAL OCCUPATION DE OF WORK FOR MOST OF	ON	12b. KIND OF BUSINESS O INDUSTRY
hours of	บรับ	OWSON AL RESIDENCE (IF NURSING HOME O STATE 136 COU	OR OTHER INSTITUTION, GIV	ersql			wner street address		Produce Co.
Amin 24 hours			imore	Towson	YES NOTHER'S MA	AIDEN NAME	811 Eton	Rd.	21204
	-	ngello Was deceased ever in U.S. Al		Brocato b SOCIAL SECURI	Felic IY NO. 17 INFORMANT	ia	ADDRES	SS .	Giardino
on and is Popular		YES, NO OR UNKNOWN) (IF YES, G	I 2	18322	057 Francis	S. Bro	cato-4911	Roland	d Ave. 2121(
ding physic orbon pape or removal		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS) IMMEDIA	ATE CAUSE (a)		ngerhue He	ent tu		ironii)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
if the death the offen the cremove c cremotion, ther troume		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	(b)	S A CONSEQUEN		occleri	blu		30 411
equires the regimed b Then pleas to burial, ajury, or o	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE		THE TERMINAL	DISEASE OR COND	ITION GIVEN	IN PART 110
on. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH O	PERATION WAS PERFORMI		OG AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
SiCIAN: T og physici certificate rial-transi ental Hyg ttem 18 sh	6	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MADE AL EXAMINE	EATH HOUR A.M.		YEAR 19	RY OCCURRED	ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)
offending of the bus of the bus hand Mund Mund Mund Mund Mund Mund Mund Mu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF	INJURY FACTORY, OFF			CITY OR TOW	VN	COUNTY STATE
spitol or CTOR: Al for use of Health		22a I certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n	n /1.2	8 1985	1 1011	19 <u>8C</u> . H opinion death	to	2 🕏, 19. te and haur ai	nd from the couses stated
the horse AL DIRECTOR AL DIREC		276 SIGNATURE KOLTE	TAMA	uley	DEGREE ATTE	ENDING MI	EDICAL STAF	F IAN []	11.29.56
HOSPITAL ned by the FUNERAL old be det the Stote	1	27d. PHYSICIAN'S NAME (TYPE	ORPRINT)	EY	1210 ADDRESS	AT SF	PRING RA	LUTT	HERVILLE
POR POR		KEITH	4.11172	,	10101			2021	
TO HOSPITA TO FUNER by TO FUNER by with the Stol	230. E	BURIAL, CREMATION, REMOVA (SPECIFY) ITIAL		23c NA	ME OF CEMETERY OR CREA	MATORY 2	Id LOCATION CITY OF TOWN Balto.		OUNTY STATE

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	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYC	SIENE O	REG. NO.	0 :	
7		CEASED NAME	FIRST		WIOOFE	Ĺ	AST	20. DATE OF D	EATH MONTH	DAY YEAR	2b HOUR
	{TYP[Ge (CR PRINT)	orge	R. Br	odbeck			N			
	3. SE			4 RACE		5 DATE C	OF BIRTH	6 AGE (IN YEAR	ovember 20	IF UNDER 1 YEAR	
	, 1	Male		Caucas	sian	Jun	e 18 1906	79 YRS. MOI		MONTHS DAYS	HOURS MIN.
11	70. B	RTHPLACE (STATE OF	R FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED		CITY OR COUN		
15		Pennsylvania		U.S.A.		WIDOWE	40	Baltin	more Count	v	MD
NI	10. €	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSII	NG HOME C	ROTHER INSTITUTION	12a USUAL OC		12b. KIND (OF BUSINESS OR
L		Randallstown		8704 V	Vinands Roa	d		Distric			cett Pub.
36	13a :	AL RESIDENCE IF NUI STATE Maryland	136 COUN	OTHER INSTITUTION ITY Imore	13c. CfTY OR TOV		13d INSIDE CITY LIMITS?	13e STREET AD 8704 V	DRESS / ZIP CO	DE ad	21133
51	14. F/	ATHER'S NAME FIRST George Weave		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	Aloole	LA	
24	-	VAS DECEASED EVE			116h SOCIAL SECT	URITY NO	Katherine R		ADDRESS		21133
1	1	NO OR UNKNOWN)		WAR OR DATES)	115-09		8711 Greens		Randa	llstown	Maryland
		18 CAUSE OF DEA	TH (Enter onl	y ane cause pe	r line far (a), (b), ar	nd ic 1	1 -1	-	+	BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
	100	PARTI DEATH		E CAUSE (a)	au	ule!	myocarden	dupa	of wi	ch	medute
				DUE TO, C	OR AS A CONSEQU	ENCE OF	X				
		Canditians, if an		(b)_	1.0.	SCV	2				
lury, or orne		couse (a), stot	ing the	DUE TO, C	R AS A CONSEQU	IENCE OF					
	NO	PART 2. OTHER SIG	GNIFICANTO	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE							10
0	CERTIFICATION	19a DATE OF OPER	ATION	196 COND	TITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	Y? 20b. IF Y	'ES, WERE FINDI	NGS USED
0	E							YES I	A. w	TIFYING CAUSE	S OF DEATH?
IA	CER	210 ACCIDENT WAS UP		21b. TIME C		AV VEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	~		
1	CAL	OR CONTRIBUTING		in .	.M. MONTH D .M.	AY YEAR					
-	MEDICAL	21d INJURY OCCU	RRED		OF INJURY	FADA ETC 1	21f LOCATION		ITY OF TOWN	COUNTY	STATE
	2	WHILE NOT W	ORK	TALTOME ST	THE THE TORY, OFFICE	I MARINE LTC J	4.1 4	1	1/40	1	13
		220 f certify that (011	•	U	19 8		120	1983	that ((we) last
		saw the decea abave, (I) (ye)	sed alive on (did) did not	Sylliw Haybody	ofter death.	on on	d that ((my)) our) opinian	death accurred o	n the date and h	our and fram the	causes stated
		226 SIGNATURE	N	Sth			DEGREE ATTENDING	MEDICAL	STAFF	22c. DATE	SIGNED
+		22d. PHYSICIAN'S N	IAME (INC.)	RINT)	~~.		22e ADDRESS	DIRECTOR [PHYSICIAN L		-1/05
1			El	(1~				Ramo	lallo Pa	m, md	2113
•	23o. I	BURIAL, CREMATION SPECIFY) Burial	, REMOVAL	23b. DATE	Control of the last of the last		EMETERY OR CREMATORY	23d LOCATH	TOWN	COUNTY	STATE
		JNERAL DIRECTOR	Louis	11/22/			Church Cemetery	Brodl	ISTRAR 25h REGI	York	PA.
/84		8728 Liberty		_	Tuneral Dir	,	10	V 22 10		Savidson-	A
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STATE OF MARYLAND

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ery kontone liefe Ph.		11/22/22	Signal

1720 Moorey Poor De Allindons, Feljinsk 20133

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygung prior to burial, cremation, or removal. certificate has been signed by unal-transit permit Then please

TO HOSPITAL OF ATTENDING PHYSICIAN The law etained by the haspital or attending physician injury, ar ather traumatic event, th

MPORTANT If them 21 is marked or them 18 strong

24 FUNERAL DIRECTOR

Lassahu Kuneral Home

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ı		REGISTRAR				CERTIF	ICATE OF	JEAIN		REG. N	O.		
ŀ		EASED NAME	FIRST		MIDDLE	l	ASI		2a. DATE OF	DEATH	MONTH	DAY YEAR	26 HOUR
ı	(TYPE	OR PRINT)	Albert		C.	BR	.00KS		Nove	mber	27,	1985	3:35P M
Ì	3. SEX			4 RACE		5. DATE C			6 AGE INY	EARS LAST BIR	THDAY	IF UNDER 1 YEAR	
	-	Male		White		8	8	16 PEAR	69	7.7	YRS		HOURS MIN.
Ī		OUNTRY)	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	XX NEVER	MARRIED -	9 BALTIMO	RE CITY C	R COUN	ITY OF DEATH	
ı		aryland		US.	$A \subset$	WIDOWE		VORCED	В	altin	ore	County	MD
Ì	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	120 USUAL				OF BUSINESS OR
I	Re	ossville			HEACHITY, GIVE STREET Lin Squar		pital			s Bra		p. INDUSTRY	per Co.
I	130 S		136 COU		GIVE RESIDENCE BEFORE		13d INSIDE C	NO 🔀	13e STREET / 958	ADDRESS Marti	zip co Ln Ro	Balto	.Md.2122
Ī	4 FA	THER'S NAME	75 N 75	MIDDIE	å LAST			S MAIDEN NAM	ME	WIDDIE		14	451
ı		John	1.	Oliver	Brooks	3		Íľa				Ru	by
Ī	16a W	AS DECEASED E	VER IN U.S. AF	MED FORCES?	166 SOCIAL SECU		17 INFORM			ADDRI			The !!
ı	Ye	ES NO OR UNKNOW	WW	TI OR DATES)	705-07-	-5171	Ella	C. Broo	ks 958	Maı	ctin		
Ĭ		18 CAUSE OF D PART I. DEA	TH WAS CAUSE	D BY:	Cardiopu		ry Arr	est				BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
ı			IMMEDIA	TE CAUSE (a)	DESCRIPTION OF THE PARTY OF THE				GAT'S				
I		Conditions, if	any, which	(b)	Lung Can	icer							
ı		gove rise to	immediate	DUF TO O	R AS A CONSEQUE	NCE OF				110	777		
ı		underlying o	cause last	(c)_				15 5/6					
ı	7	PART 2 OTHER	SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO E	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEAS	E OR CON	DITION	GIVEN IN PART 1	10
J	10			Total Control					Tan	NDC V2	Tank ar	MEC MERE AND	
1	CERTIFICATION	190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTC			YES, WERE FIND RTIFYING CAUSE	S OF DEATH?
Į	RTII			7 411 71115 0	E MALILIEV		Tata Hove h	LILIDY OCCUPE	YES	NO		YES [NO 🗌
ľ		210 ACCIDENT W	CAUSE OF DE		M. MONTH DA	AY YEAR	ZIC HOW II	4JORT OCCURR	CED LENTER NA	TURE OF INJU	IRY IN ITEM I	18 PART I OR PART 2)	
ı	CA	(IF EITHER NOTIF	MEDICAL EXAMINE	R) P.		19							
ľ	MEDICAL	21d INJURY OC		21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATI			CITY OR TO	NWN	COUNTY	STATE
ı	~	AT WORK	AT WORK					-05	11.00				
ı		22a.t certify th	at (1) (this hosp	ital) attended th	e deceased from	vovemb	er 4	1985		ember		19_85	, that (I) (we) lost
1		saw the de obove, (1) (eceased alive at we) (did) (did n	Novemb	after death.	_63, or	nd that in (my	(aur) apinian a	death accurre	d an the d	ate and h	nour and from the	e causes stated
ı		226 SIGNATUR	8	m			DEGREE	ATTENDANO	MEDICAL	67.		220 DATE	ESIGNED
		h	usa		san			PHYSICIAN [MEDICAL DIRECTOR	PHYSIC		11/2	7/83
		22d PHYSICIAN		ari, MD			9000	Frankli	n Soua	re Di	. 2	21237	
		Lui	sa mass	מון, ויוט			1				., .	-1207	
		SURIAL, CREMAT	ion, REMOVA	236. DATE 11-3			m Ceme		23d LOCA		Ralti	imore: M	arvlátid

1401 Belaie Rd,

BALTO MP 21236 DED

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

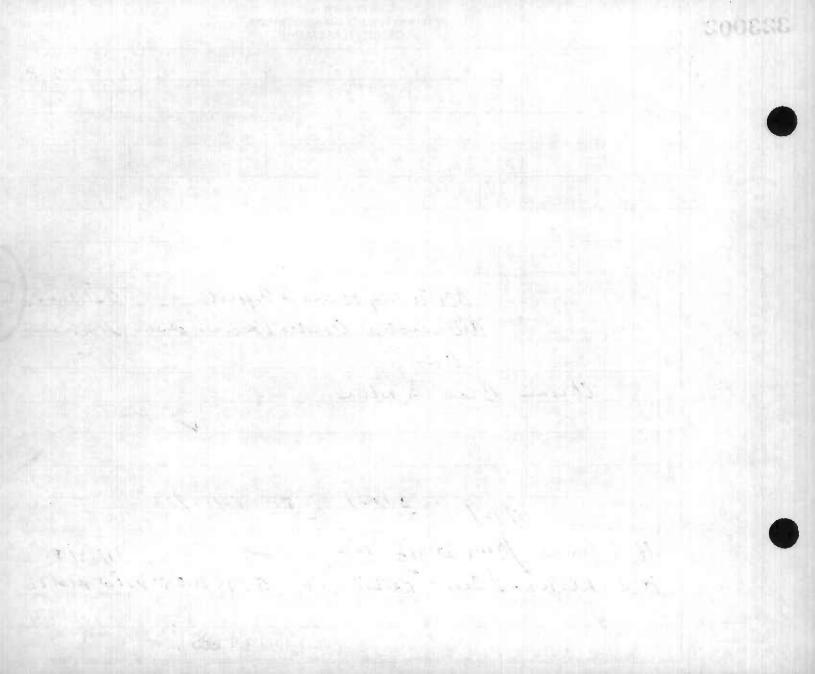
	REGISTRAR				CERTIF	ICATE OF	DEATH	REG.	NO.			
1. DEC	EASED NAME	FIRST		MIDDLE	· ·	AST		20. DATE OF DEATH		DAY YEAR	26 HC	DUR
(TYPE C	Off PRINT)	MARY	FI	IZABETH		BROOKS			11/	11/ 85	6	1. An
3 SEX			4 RACE	IZNOLIII	5 DATE C	OF BIRTH		6 AGE (IN YEARS LAST I		IF UNDER 1 YEA		DER 24 HRS.
	FEMALE		BL	.ACK	3	26	1898	87	YRS.	MONTHS DATE	HOURS	MIN.
	THPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D X NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
	RYLAND		U.	S. A.	WIDOWE		VORCED [Baltimon	re COU	NTY		MD.
10 CIT	Y OR TOWN OF DEA	ATH		HOSPITAL, NURSING		OR OTHER INS	TITUTION	12a USUAL OCCUPA		176 KIND		NESS OR
	ALETHROPE	10.00		IORTH EAST		NUE		HOMEMAKER			HOM	
13a S1	L RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		13d INSIDE O	ITY LIMITS?	130 STREET ADDRESS	ZIP COD	2038 N	IORTH	LEAS
-	THER'S NAME	MALL	TINUTL				S MAIDEN NA		THINGIL	, MAINTL	.AND	2122
	FIRST	NKNOW	MIDDLE	LAST			FIRST	JNKNOWN MIDDLE		·	AST	12.
	AS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORM	ANT	2038	SESNORTI	H EAST	Aver	nue
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	18 CAUSE OF DEAT	H Enter on	ly one cause per	line far (a), (b), and	l (c)			ð	- 4	APPRO BETWEE	XIMATE IN	TERVAL ND DEATH
	PART I. DÉATH W		D BY: E CAUSE (a)	acute	Me	1020	udro!	Specho		ha	lenta	erry
				R AS A CONSEQUE	NCE OF					,		
	Conditions, if any		(b)_/	12 . 17"	cles	in Co	edio f	1/pspula	alle	- fer	hr.	em
	gave rise to imi		DUE TO O	R AS A CONSEQUE								
	underlying cause lost (c)											
7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV								VEN IN PART	lro		
CERTIFICATION	C	nlin	2 /3	sar do	hel	we			Table Street			
No.	190 DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY?		S, WERE FINE IFYING CAUSI		
1						Tai		YES NO	_	ES 🗌	NO	
	OR CONTRIBUTING	-	1 116. TIME O	M. MONTH DA	Y YEAR	716 HOW IN	AJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2		
₹.	(IF EITHER NOTIFY MEDI	CAL EXAMINER	P.,		19							
MEDICAL	214 INJURY OCCUR		21e PLACE (OF INJURY REET, FACTORY, OFFICE FA	ARM ETC]	211 LOCATI		CITY OR	TOWN	COUNTY		STATE
	AT WORK AT WO	DRK .			-				1			
	220 I certify that (1)		1 1 1 1 -		-	4/	. 19	to/ 6/17	183	. 19		(%e) last
	saw the deceas above, (1) (we) (ed alive an did (did na	t) view the body	ofter death			((eur) opinion	death occurred on the	date and ho			
	226. SIGNATURE	-	/N.	1-)		DEGREE	ATTENDING	MEDICAL ST	AFF	22c DA1	E SIGNE	D
	14. J. Tr	vickie	- /00	y cary	4	16 12	PHYSICIAN P	DIRECTOR PHYS		11/	3/	PC
	22d PHYSICIAN'S N.	AME (TYPE O	R PRID	N	7 -	22e ADDRE		MO- 1.	A 2700			4 ,
	12. 1. Y	LVIC	KASI	CLIFF	CATL	VFF,	ρ.	5771 in	631 1	1/241	MI	4 22.
	URIAL, CREMATION,	REMOVAL	236 DATE	23c. N	AME OF C	EMETERY OR	CREMATORY	23d LOCATION CITY OF TOWN		COUNTY		STATE
	BURI		11/16/			MEMOR:		<		IMORE,		LAND
	UTTERESORS						250 DAT	V 1 4 1085	R 256 REGIS	TRAPE SIGN	ARKS	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D1

TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept of Health

(VRA 15, 4)

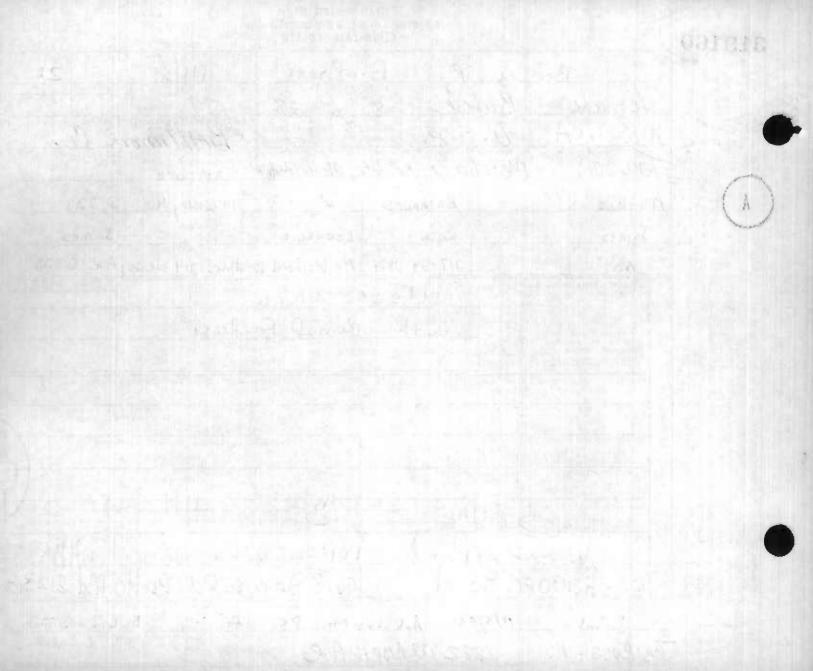
DHMH - 16 60M 7/B4



2222 W. NORTH

(VRA 15, 4)

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STATE OF MARYLAND

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FOR STATE REGIST

STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE	0
CERTIFICATE OF DEATH	

ın			REG	NO.

	REGISTRAR					REG. NO	Ο.			
	CEASED NAME FIRST	MIDDLE	L/	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOU	IR C
	Joseph	14),	BR	nwo	Jr	- 11	7	85	12°	AM
1.56	x	RACE	5 DATE O	FBIRTH		6. AGE (IN YEARS LAST BIR	MDAY)	IF UNDER I YEAR	IF UNDER	
Y	nale	CALIC.	MONTH	DAY DAY	3 P	4.	7 YRS.	MONTHS DAYS	HOURS	MIN.
To B		CITIZEN OF WHAT COU	NTRY? 8	Dieuse.		BALTIMORE CITY O		Y OF DEATH		
	1 ARULAND	USA	WIDOWE	NEVER A	ORCED	Baltimos	2 6	ounter		MD
		1. NAME OF HOSPITAL,	URSING HOME O	The state of the s		120 USUAL OCCUPATI	ON	126. KIND C	F BUSINE	
1	nowson	CHENOT IN SUCH FACILITY GIV	STREET ADDRESS	SOICE	TV Color	T.+ Ra7+0		y Polic	o Do	nt
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1000	miland Carr		sburg	13d. INSIDE C	NO 1	13e STREET ADDRESS / 1618 Heath			2/1	183
	ATHER'S NAME		Surg		MAIDEN NAM		01 110	rgitto	1 /	1
V	Tosoph 113	BCOUNT	SC	Agnes	FIRST	MIDDLE	czmar	ezuk LAS	37	
16a \	WAS DECEASED EVER IN U.S. ARM	101000	L SECURITY NO.	17 INFORMA		Catheringon			784	
1	YES NO OR UNKNOWN) (IF YES GIVE Y	Reserva 15	34-0620					burg, M		
-				1010 1	lea mer	Herghira B	oue ro	0 -		PV AI
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), BY:	(b), and (c).)	1.	V	0		BETWEEN	IMÀTE INTER ONSÉT AND	DEATH
	IMMEDIATE	CAUSE (a) MET	of Standing	Magl:	Cu and	molanom	A			
	The Contract of the	DUE TO, OR AS A CON	ISEQUENCE OF		/					
	Canditians, if any, which	(b)								
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISEQUENCE OF							
	underlying cause last	(c)								
-	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	IG TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	а	
0 N	No. of Contract of									
13	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFO	RMED	20e AUTOPSY?		S, WERE FINDI		
CERTIFICATION	The state of the s					YES NO		ES	NO [
1 8	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY MEAD	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONT	H DAY YEAR	0.7						
MEDICAL	21d INJURY OCCURRED	21a PLACE OF INJURY	17	211 LOCATIO	N				-	
1 E	MMULE NOT WHILE	(AT HOME STREET, FACTORY,	OFFICE FARM ETC)	STREET		CITY OR TO	WN	COUNTY	5	TATE
	770.1 certify that (1) of this haspita	Description of the second	1		10 01	1	1	10 04-	that (I) ©	71
	saw the deceased alive on	11 6	CH-	d that in (my)	aur) apinian d	eath accurred an the do	ite and ha		- 1. 1.	
	22b. SIGNATURE	yiew the bady after death.					TO GIVE THE			2100
	220. SIGNATURE		/	DEGREE	TTENDING	MEDICAL _ STAF	F	220 DATE	PIGNED	
1	220 PHYSICIAN'S NAME (TYPE OF		-17		PHYSICIAN 🕝	DIRECTOR PHYSIC		1//	7/8.	5
	220 PHTSICIAN'S NAME (TYPE OR F	RINT	0	22e ADDRES	6,60	Ken: Iwor	79	DV.	,	
	Carl S. Friedma	n MD. for Al	an Sharetsl	4 Mil	Tou	Bon M.D.				
230	BURIAL, CREMATION, REMOVAL	236 DATE	234 NAME OF C	EMETERY OR C	REMATORY	23d LOCATION		COUNTY		STATE
	Bunial	11/11/85	Parkwood	d Cemet	tery	Parkville	Ва	ltimore	2 / 10	7716
24 F	UNERAL DIRECTO Loring B	yers FUneral	Directo:	rs, Inc	250 DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S SIGNAT	URE	
87	28 Liberty Road	Randallston	n, MD. 2	1133	N	DV 08 1999	John	Baridon	- Bond	-

DHMH - 16 60M 7/B4 (VRA 15, 4)

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm C March F/H West 4300 Wabash Ave

24 FUNERAL DIRECTOR

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8 1985 RATION RESIDENTAL

		_	FOR STATE 11,	item 5, 17 /12/85 rja		DEPARTMENT C					3 0) ! 4	2 0	
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AN AN	28-7-	113a S		IN NURSING HOME	OR OTHER INSTITUTION, GIV	13E CITY OR TOW		134 INSIDE CITY LIMIT	102 134 STRE	ET ADDRESS				
E SAME	250 C		arvland		timore	Catonsvi			x 213	5 Cedar	Circ	le Driv	re 21	228
Bay rin	000	A. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S M.	AIDEN NAME	WIDDL			AST	
2000	表 うし	1	Frederi	.ck	M.	Bruder		Consta	ance	WIDDE			natows	ki
3	NZ 1		AS DECEASED		MED FORCES?	166 SOCIAL SECL	RITY NO.	17 INFORMANT		A	DDRESS			
E 500	Sign /		NO	(4) [11 163, 0146	. WAR OR DATES!	218-30-6	615	Mary Lu	Brude	r 2135	Cedar	Circle	e Dr.	2122
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PAN EN	DAL ONE	-77	lying cause	last.	(6)							573		
	ANA		PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO GEATH	RUT NOT RELATED TO THE	FERMINAL DISEAS	SE OR CONDITION GIVEN	IN PART 1 is					_
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器 日本文	USED AS A OF HEALTH RIAL, CREA	MEDICAL CERTIFICATION	190. DATE OF C	PERATION	19b CONDIT	ION FOR WHICH O	PERATION V	VAS PERFORMED?				20 A	UTOPSY?	
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S CERTIFICATE SHOUL RITING THE WORD ROED TO THE CHIEF	E 3 SHOULD BE DEPARTMENT DI PRIOR TO BUR	ERT	210. EXTERNAL	CAUSE WAS	21b. TIME OF		21c. H	OW INJURY OCCU	JRRED LENTER N	ATURE OF INJURY	IN ITEM 18 PART		CO CAY	.00
ONO PHE OTHE	ARTA OR TO	ALC	UNDERLYING	OR CAUSE OF		MONTH DAY Y	EAR							
ISION NO TO	PPP	OG	214 INJURY OF	CURRED	21e PLACE C	FINJURY (ATHOM		CATION						
S CHI	PAGE 3 TATE DI 212011	M	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
DIVIS JER: THIS GER CATE, WRITIN FORWARDED	STA 212			AT TORK				[V]			1			-
25 A	SES				ge of the remains desi			1	ection	Inquiry L	, and in	my apinian		
AN THE	E E	- 19	death resulted	fram: Natu	rol couses A.	Accident	Suicide	, Hamicide L	- Undete	rmined monne	r .			
383	₽×₹		ACTUAL	10	The			TITLE (SPECIFY				DATE 1		
물보운	A H H	/	SIGNATURE	1	11		^	A.D. Assist	ant MEDI	CALEXAMINE	R	SIGNED	1/6/85	5
35	N S S		EXAMINER'S N	AME	Manager - D	Va., 65	W D		111 -					
DIVI TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE	OF A		TYPE OR PRINT)	reogry R.					enn St.				
₩ □ □ □	F < €	23a.Bt	JRIAL, CREMATI					OR CREMATORY	CITY C	CATION		COUNTY	STATE	12.7
07/84 BP		24.5	BU UNERAL DIRECT	rial	11/9/85	Most I		edeemer C		altimon			Maryla	nd_
DHMH		-	NAME		ADDRESS		2122	9 1 1	ATE REC'D. BY	400C	REGISTR.	AK'S SIGNATU	JKE -	
(VR A)5	ME (5))		Hubbard	Funeral	Home, Inc	. 4107 W	lkens	Ave.	0000	1905	مالك مالك	Hasen-M		3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 25b. REGISTRAR'S SIGNATURE

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ö.		
		CEASED NAME OR PRINT! MIL	-TON	۸	AIDDLE	BRI	USH	20 DATE OF DEATH	MONTH D.	1985	26 HOUR 530 AM
5	3 SEX	MALE	4. F	WHIT	E	S. DATE C	F BIRTH 15, 1929	6. AGE (IN YEARS LAST BIR	_	FUNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
C	70 BI	ALTO, MO	REIGN 7b	CITIZEN OF	A.	RY? B. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CITY C	R COUNTY OF		MD.
C	P	TY OR TOWN OF DEAT	J 3		HOSPITAL, NUI		DR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
E	USUA 13a. S	AL RESIDENCE HE NURSIN	BALL	O.CO.	GIVE RESIDENCE BY		13d. INSIDE CITY LIMITS?	3323 GAA	ZIP CODE	ZD. 212	234
30	14 FA	JAMES	MIDI	DLE	BRUS	-	STELLA	MIDDLE		TELIN	ISKI
1		VAS DECEASED EVER IN VES NO OR UNKNOWN)	U.S. ARME (IF YES GIVE W		214-2	2-1078	17 INFORMANT FAM1	LT RECO			
	ION	Conditions, if ony, gave rise to imme cause (a), stating underlying couse	which the last.	DUE TO, OF	R AS A CONSE	CAN COUENCE OF	er of Lun 18 bestosis of			Mrs	MATE INTERVAL INSET AND DEATH
7	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
1	MEDICAL CERT	21a ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	USE OF DEATH (LEXAMINER)	21e PLACE	M. MONTH M. DF INJURY	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ.	PRY IN ITEM 18 PA		STATE
1	W	WHILE NOT WHILE AT WORK NOT WHILE AT WORK STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY									
1		DZ. B	OAS	T			54 SCOTT	ADAMS R		CKEYS	VILLE
		SURIAL, CREMATION, R	EMOVAL	NOV.	3.19.85	PARKY	EMETERY OR CREMATORY	BARY WIL	LEB	4400	D. M.D.

DHMH - 16 60M 7/B4

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should be detached for use as the burtal-transit permit. Then p with the State Dept- of Health and Mental Hygiene prior to bui MPORTANT: If hem 21 is morked or hem 18 shows any

TO FUNERAL DIRECTOR After

(VRA 15, 4)

V301SE CHAMPINE O CHAMP - CON- LANGE Comment of the mental of THE RELEASE OF THE PARTY OF THE

DEPARTMENT OF HEALTH AND MENTAL HYGHENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 324035 DECEASED NAME 2a DATE KNOWN ESTI DEATH MATED MARY DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCE 85 Mar. 4, 1900 DEAD BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED X FOREIGN COUNTRY) USA DIVORCED CITY OR TOWN OF DEATH OR INDUSTRY Office Manager Insurance TOWSON 136. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 6225 York Road YES X Apt. 312 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME David P. Bryan Elizabeth Fisher 17. INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? No 213 01 2461 Mr. Robert J. Brown BelAir, Md. 18 CAUSE OF DEATH (Enter only one cause pegal to for (a), (b), and (c). PARTIDEATH WAS CAUSED BY IMMEDIATE CAUSE (c DUE TO, OR Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE HILDATE OF OREFATION 20 AUTOPSY? TIN TIME OF INJURY THE HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1, OR PART 2) TH LOCATION TO MEDICAL EXAMINER: THIS GER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 38 AFTER DEATH, WITH THE STATE DEE BALLIMORE, MARYLAND, (2) 201 PA WHILE AT WORK 220 I certify that I taak charge of the remains described above helder Natural causes death resulted fram. Undetermined manner EXAMINER'S NAME CHARLES O'DONNEL 23d LOCATION 23a BURIAL CREMATION REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATORY Burial 11/16/85 Baltimore, Md. New Cathedral Cem. BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR \$250. REGISTRARIS SKANATURE **DHMH - 17** MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd. (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	/	FOR STATE REGISTRAR			CERTIF	IEALTH AND MENTAL HYO	REG. NO.					
		CEASED NAME FIRST OR PRINT)		AIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR		
		Clarer	ice BRY.	ANT			November 4.			:30a M		
)	3 SEX		4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF UNDI		UNDER 24 HRS		
L		Male	Whit	e	Dec	7 19 18	66	YRS.		Wild.		
7		RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8 AA A PRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	EATH			
1		Va.	USA		WIDOWE		Baltimore	County		MD.		
1	10000	TY OR TOWN OF DEATH SSVille		HOSPITAL, NURSIN HEACILITY GIVE STREET IN Square		or other institution	120 USUAL OCCUPATION OF THE RETIRED			USINESS OR		
Ĺ	USU A 130 S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE				
1	. 6	Md. Balt		Essex		YES NO H	1415 Strav		d. 21	221		
1		THER'S NAME	MIDDLE			15 MOTHER'S MAIDEN NA	ME	TIOWEL IN				
Ŋ	V	John	MIDULE	Bryant		Minnie	WIDDLE	Via	ır LAST			
ř		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	.55				
H	1,4	VES NO OR UNKNOWN) HE YES, GIV	E WAR OR DATES)	225-14-	1985	Rita Dawson	2507 Cool St	ring Rd	2101	1		
8		18 CAUSE OF DEATH (Enter or	ly one couse per			TARREST DE LA CONTRACTA DE LA	2301 0001 0			TE INTERVAL ET AND DEATH		
	-	DART DEATH MAIAE CALIER	D BV			Respiratory	Failure					
ŕ		IMMEDIA		R AS A CONSE O UI						1		
A	3	Conditions, if any, which				rt Failure						
	- 1-	gave rise to immediate couse (a), stating the				U I WI I WI C						
		ouse to, stoting the underlying cause lost. Due to, or as a consequence of the previous Myocardial Infarction										
		PART 2 OTHER SIGNIFICANT						DITION GIVEN IN	PART No			
	NO	Diabetes Mell										
ť	CERTIFICATION	190 DATE OF OPERATION		TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20b. IF YES, WER				
Ł	FE						YES NOV	IN CERTIFYING		DEATH?		
0	ERI	210 ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	A					
4		OR CONTRIBUTING CAUSE OF DE	1177		AY YEAR							
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	21e PLACE		19	21f LOCATION						
	ME	WHILE IN NOT WHILE IT		EET FACTORY, OFFICE F	ARM ETC)	STREET	CITY OR TO	wn co	VINIY	STATE		
		22a I certify that (I) (this hospi	4-1) -44dd-4E		Notob	10 10 P	November	210 /) E	. W		
		saw the deceased alive on	Novembe	r A 19	85	nd that in XX (aur) opinion	death accurred on the d	nte and hour and f	tha	t K (we) lost		
		saw the deceased alive on above, (Miwe) (did) (did) 22b. SIGNATURE	view the body	ofter death.		DEGREE			2c DATE SIC			
		-	4 m	brown		ATTENDING	MEDICAL STA	FF				
2		22d PHYSICIAN'S NAME (TYPE O	NO BO(NT)	m m lo		PHYSICIAN [DIRECTOR PHYSIC	IAN []	11-	4-85		
		THE PROPERTY STANKE (THE		1								
		Vincent Mon	rgan, M.	D.		9000 Frankl		c_{*} , 21237	7			
	23a B	URIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUN	114	STATE		
		Burial	11/7/	85 Ho	11y H		Middle Ri					
	24 FL	INERAL DIRECTOR				25a DA	TE REC'D BY REGISTRAR	75h REGISTRAP'S	SIGNATURE	2		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Connelly Funeral Home 300 Mace Ave. 21221

NOV 07 1985

322147

1 - STATE

REGISTRAR I. DECEASED NAME

MALE

BIRTHPLACE LATATE OR FOREIGN

CLAUDE J. BUCKMASTER

4. RACE

WHITE

76 CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND

5 DATE OF BIRTH

WIDOWED

8777109

MARRIED NEVER MARRIED

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

YEAR

r G	IENE S	U		a a	La	
	REG. NO.					
	20 DATE OF DEATH MONTH	DAY	4	YEAR	26 HO	UR
	11/12/85					
	6. AGE (IN YEARS LAST BIRTHOAY)		_	RIYEAR		R 24 HRS
	76 YRS		N1:15	DAYS	HOURS	MIN.
7	9. BALTIMORE CITY OR COUN	TY O	F DE	ATH		
5	BALTIMORE COUN	TY				м
	120 USUAL OCCUPATION		12b.	KINDO	F BUSIN	IESS OF
	PILEDRIVER	>1#E)	CC	NST	RUCT	ION
	5520 THOMAS AV	DE.	21	227		
IAA	WIDDLE			LAS	ī	
kr	naster 5520 Tho	mas	s a	ve	2122	7
			8	APPROXI	MATE INT	RVAL D DE ATH
				10	my	1
						П
RM	INAL DISEASE OR CONDITION (GIVEN	1 11/1	PART II	0	
_					IGS US	
	IN CER	TIFYI	NG C	AUSES	OF DEA	TH?

ARBUTUS 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 21227 BALTIMORE 130 STATE ARBUTUS 13d INSIDE CITY LIMITS? MARYLAND 14 FATHER'S NAME SHADRACKE BUCKMASTER BERNICE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 213-10-4623 Michael Buc 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO NO 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INTURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE FARM ETC.) 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an_ and that in (my) (aur) apinian death accurred an the date and have and from the causes stated DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

Lakeview Cemeetry

DHMH - 16 50M 4/83 (VRA 15, 4)

MPORTANT

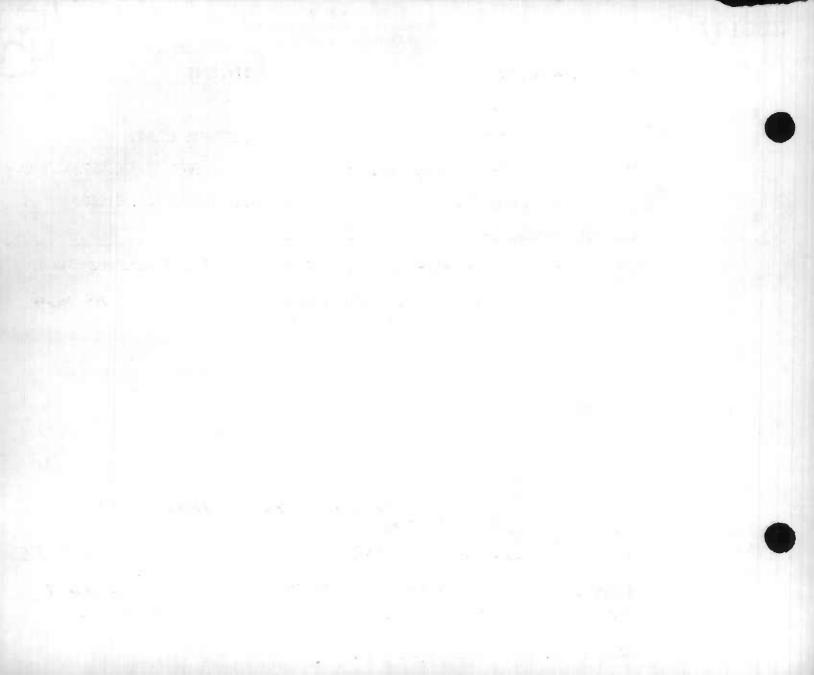
24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

Ambrose Inc. 1328 Sulphur Spring Rd.

Carroll County Md.

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE OF THE STATE OF THE STATE



322001	1 -	17, per F.H. 11 FOR STATE Film G609 ite	/14/85 kam em 1, 6, 14 DEPAI	RTMENT OF	HEALTH AND MENTAL HYG		3 0) !	2 3
	1 050	11/60/03	rja					MEAR	In House
A TE D	TYPE	OR ADA 1:							9:35 p M
	3 SEX	male	The control of the co						
13/1/1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	8 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	FDEATH	
1 1 10		N.C.		WIDOW	ED DIVORCED	Baltimore	County		MD.
s offer the led with	0_	OWSON	(IF NOT IN SUCH FACILITY, GIVE STE	REET ADDRESS)					
on and	USU	AL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION					
in 24 h		Md			YES NO	3331 Spaul		venue	21215
Total the	14. FA	THER'S NAME	MIDDLE LAST					LA	ST
bad and	F	red	Bunn					De	an
dicol de			WE WAR OR DATES		17 INFORMANT	ADDRE	55		
Poor Poor		No	219-10	0-3186	Stella Brown	3331 Spauld	ing Ave		
hicote l papers novol.		18 CAUSE OF DEATH (Enter	only ane cause per line far (a), (b),	and (c's)			3 4 14	BETWEEN	ONSET AND DEATH
phy phy semon			Arrar	ioscle:	cotic heart di	sease	5.00		
ding brbc or re		THE PART AND THE	DUE TO OR AS A CONSEC	DUENCE OF				15	112 2 12
deot ove c non,		Conditions, if any, which	(
gave rise to immediate							-101-		1-15-
a de lying cause last									
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IN PART I	a
equir n sig Then r to b injury	NO N	Diabetes	mellitus						
Dee bee	CERTIFICATION	190 DATE OF OPERATION	OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES.				206. IF YES, V	VERE FINDI	NGS USED
K se	Ē					YES NO		CAUSES	
N: The sysicio	E E	71a. ACCIDENT WAS UNDERLYING		DAY VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN HEM 18 PART	1 OR PART 2)	
SICIAN og physician certification in 18 them 18	IA!		t Alla						
HYS. ding	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY		21f. LOCATION	CITY OF TO	AVN	COUNTY	STATE
Offer offer the sthe	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	CE, FARM, ETC]	SINEET	CITTORIO		COOM	STATE
or or see of the month of the see				"	11/02 19 85	11/1	0 19	85	that (I) (we) last
OR ATTEN The hospital DIRECTOR Dept of Hem 21 is		sow the deceased olive of		85	nd that in (my) (aur) apinian (deoth accurred on the do	ate and haur o	nd from the	couses stated
hed hed tem		226 SIGNATURE	1		DEGREE			22c DATE	SIGNED
		4.7	(dela-		ATTENDING PHYSICIAN F	MEDICAL STAF	IAN M	11/	11/85
HOSPITAL ned by 11 FUNERAL old be det	1	224 PHYSICIAN'S NAME (TYPE	OF PRINT)				-		
TO HOSPITAL reformed by 1 TO FUNERAL should be de with the Stort		John E. Ad	ams, M.D.		6701 N. Charl	es St. Balt	imore	MD :	21204
56 5433		URIAL, CREMATION, REMOVA						CUNTY	62411
BP		Burial	11/14/85 A	rbutus	Memorial Park	Arbutus		CUNIT	MÔ
DHMH - 16 60M 7/84		JNERAL DIRECTOR							
(VRA 15, 4)	Wi	11iam C. March	The citation of the country of the c						

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

	1 -	FOR STATE REGISTRAR		DEPARTN		CATE OF DEATH	REG. NO.	0 1 2 0	
E est		CEASED NAME FIRST ROBERT		L. BUR	KHOLD	ER	NOVEMBER 27, 198	2b. HOUR 12:55 A	
	3. SE)	ale	4 RACE Whit	e	5. DATE O	F BIRTH DAY 21 YEAR 15	6 AGE (IN YEARS LAST BIRTHDAY) 70 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS	
26	(RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED	BALTIMORE COUNTY		
1187	0. CI	ossville	11. NAME OF	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hosp		ROTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE Forman	126 KIND OF BUSINESS OR INDUSTRY Beth. Steel	
3 5	13a. S				ADMISSION)	138 INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS / ZIP CODE 7417 Brookwood		
ampletely and 2 sh exeminer	14 FA	THER'S NAME FIRST George	WIDDIE	Spahr		15 MOTHER'S MAIDEN NA/	WE	Bender	
s. Pages		(AS DECEASED EVER IN U.S. ES NOORUNKNOWN) {IF YES NO	ARMED FORCES? S, GIVE WAR OR DATES)	213-07-		17 INFORMANT Alice R. Bur	ADDRESS rkholder 7417 Bro	okwood Ave.212	
by the attending phys ass remove carbanpag I, cremation, ar remove other traumatic event.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME! Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DIATE CAUSE (6). P	NEUMONIA RASACONSEQUE KNEE STUMP	AND	RIGHT LOWER OF SEVERE	HT LEG ABOVE THE QUADRANT ABDOMINA PERIPHERAL VASCU	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Then ple to burno injury, or	NOI		RIGHT LU		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 110	
t permit.	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH (OPERATION	WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?	
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)	
os the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA		21F LOCATION STREET	CITY OR TOWN	COUNTY STATE	
d for use t of Heal m 21 is m		22a.1 certify that (this hospital) attended the deceased from OCTOBER 24, 19.85, to NOVEMBER 27 19.85, that (we) lost saw the deceased alive on NOVEMBER 27 19.85, and that in (we) (our) opinion death occurred an the date and hour and from the causes stated above, (Me) (did) (alice) view the body after death.							
Stote Dep	4	27b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) 11/27/85 120. ADDRESS						11/27/85	
should be det with the Stote		A. Pi	dlaoan MD			9000 FRANKLI	IN SQUARE DRIVE 2	1237	
	1	URIAL, CREMATION, REMOVE Burial		29-85 G	arden	metery or crematory s of Faith		imore Maryland	
16 60M 7/B4 A 15, 4)		NERAL DIRECTOR SSAHN Funers	ol Home	MUDALCOO		0. 21236 DEC	E REC'D, BY REGISTRAR THE REGISTR	my le	

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MPORTANT. If Hem 21 is morked or Hem.

DHMH - 16 60M 7/84

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

74		REG. NO.									
	I. DEC	CEASED NAME EIRST	MIDDLE	L	AST	20 DATE OF DEATH MO	NTH DAY YEAR	YEAR 26 HOUR			
	{ TYPE	Hazel	E.	BUXTO	N	November 2		8:52Am			
	3 SEX	X 4	RACE	5. DATE O		6 AGE IN YEARS LAST BIRTHDA	MONINS DATE	IF UNDER 24 HRS			
		+	WHITE	SED		84	YRS MONTHS DATS	HOURS MIN.			
		RTHPLACE ISTATE OR FOREIGN 71	CITIZEN OF WHAT COUN	NTRY? B	NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH				
1		1 D.	U. S.A.	WIDOWE	DIVORCED [Baltimore		MD.			
7		ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, N		R OTHER INSTITUTION	128 USUAL OCCUPATION		F BUSINESS OR			
H		ESSEX AL RESIDENCE (IF NURSING HOME OR O	TRAMIKLING	EREPORE ADMISSIONI	HOSD.	CLERN	NEI	12-60			
	13o S	MicH. TNE			YES NO	13e.STREET ADDRESS / ZI	BARNES M	8910 VE911			
	14 FA	EDWALD MI	WHIT	E	IS MOTHER'S MAIDEN NAM	ME MIDDLE	SLO	10			
1		WAS DECEASED EVER IN U.S. ARM YES, NOT OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	60%ss	DAFT ST	118911			
		No	367-	68-5776	DOUGLAS BU	IXTON LANDS	ING Mic	44010			
1		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b ondic AC	cute Myocard	dial Infarc	tion BETWEEN	MATE INTERVAL ONSET AND DEATH			
		PART I. DEATH WAS CAUSED		pulmona	ry Arrest						
1		IMMEDIATE	CAUSE 101	-							
		CONTRACTOR OF STREET	DUE TO, OR AS A CON	SEQUENCE OF			THE RESERVE				
	1	Conditions, if ony, which	(16)								
		gove rise to immediate									
		underlying couse lost DUE TO, OR AS A CONSEQUENCE OF									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II									
	NO	TAKE TO THE STOTE TO THE CO	ION GIVEN IN PART TO								
7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION	N WAS PERFORMED	20e AUTOPSY? 26	Ob. IF YES, WERE FINDE	NGS USED			
	TIF		134				YES NO NO ENTIFYING CAUSES OF DEA				
2	CER	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	TEM TE PART I OR PART 2)				
		OR CONTRIBUTING CAUSE OF DEATH									
	DIC.	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	AN LOCATION						
	MEDICAL	21d INJURY OCCURRED	LAT MOME STREET EACTORY OFFICE CARM ESC. 1 STREET		211 LOCATION STREET	CITY OR TOWN COUNTY STATE					
		AT WORK AL WORK		Novem	har 19 85	Novombon	20 85				
		270-1 certify that (this hospital) attended the deceased from November 19 19 85 that (we) lost saw the deceased alive an November 20 19 85 and that in (w. (our) opinion death occurred on the date and hour and from the causes stated									
	obove, we idid to all view the body offer death.										
		THE SIGNATURE DEGREE									
		Legous	Koza	-N.	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/2	5/85			
		THE PHYSICIAN'S NAME THE CALL		-1	77e ADDRESS						
		Gregory Ro	ss, MD		9000 Frankl	lin Square	Drive, 21	.237			
	230 B	Gregory Ro	SS, MD	23¢ NAME OF CI	9000 Frankl	23d. LOCATION					
7	230 B			134 NAME OF CI		-	Drive, 21	.237			

(VRA 15, 4)

1101 North Ave.

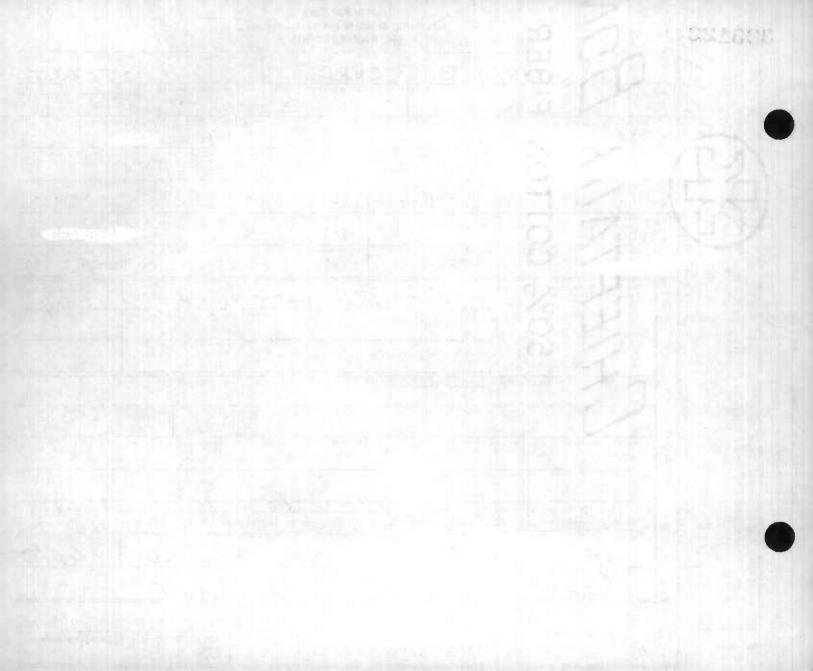
MARYLAND 2120

DIVISION OF VITAL RECORDS,

DHMH - 16 60M 7/84

(VRA 15, 4)

W.C.MARCH F/H CO.



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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- STATE

STATE OF MARYLAND

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
1 DECEASED NAME FIRST (TYPE OR PRINT) GERTRU	DE W.	CARR	AST	11 - 27 - 85	DAY YEAR 26 HOUR P 11:00 M
3. SEX	4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
F	W	MONTH	27-1904	81 YRS	MONTHS DATS HOURS MIN.
70 BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
MARYLAND	U. S. A	WIDOWE	4 /	BALTIMORE	COUNTY - MD.
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
BALTO.	1626 01	D EASTE	A .	CLERK	OFFICE
USUAL RESIDENCE (IF NURSING HOME OR 13a STATE 13b COUN	ITY I3c. CITY	OR TOWN	138 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	21221
MD. B	ALTO T	BALTO.	YES NO	1702 GLEN (
4 FATHER'S NAME			15 MOTHER'S MAIDEN NA		
CHARLES)	NOTH	LAST	FIRST UR	INIE RUGGLE	LAST S
160 WAS DECEASED EVER IN U.S. AR		IAL SECURITY NO	V INFORMANT	ADDRESS	21214
TYES, NO OR UNKNOWN) THE YES, GIV	E WAR OR DATES) 215	-05-3922	Mrs Cather	in R. Muth - 31	14 White are
18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE		1, (b), ond (c)	0 4-	1 None	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIA1	E CAUSE (o)	rensi	ATCINDA	4/4/12/12/15/16	
	DUE TO, OR AS A CO	ONSEQUENCE OF			
Conditions, if ony, which	(b)				
gove rise to immediate couse (a), stating the	DUE TO, OR AS A CO	INSECUENCE OF			
underlying couse lost	Joseph Con As A Co	DIVIDE COLINCE OF			

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY?

CERTIFICATION

IN CERTIFYING CAUSES OF DEATH? YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

NOT WHILE

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE FARM, ETC)

211 LOCATION

22e ADDRESS

NO

CITY OR TOWN

STATE

STATE

22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on_ above, (1) twel(did) (did not) view the body after death 226 SIGNATURE

nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING PHYSICIAN MEDICAL

13

24 FUNERAL DIRECTOR

[SPECIFY]

rookland

11/29/85

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY

BP.

TENDING PHYSICIAN The

DHMH - 16 60M 7/84

Should be detached for use with the State Dept of Hea

IMPORTANT:

prior

80

Anatomy Board (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Removal

Balto., Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	TICATE OF DEATH	REG. N	0.	
Ī	DECEASED NAME FIRST	MIDDLE	72.00	LAST	20 DATE OF DEATH	MONTH DAY YEAR	20 11001
	Jan	mes Iverson	Carv	ver		11/21/85	12:45p
	3 SEX	4 RACE	5 DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		
1	Male	White		t. 30 1902		B3 YRS MONTHS DA	HOURS MIN
Ŧ	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	D NEVER MARRIED		R COUNTY OF DEATH	
1	West Virginia	USA .	WIDOW		Baltimore (County	MD.
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME	OR OTHER INSTITUTION	128 USUAL OCCUPAT		OF BUSINESS OR
4	Towson	6701 N charles	SE GI		Weaver		len Mill
7	USUAL RESIDENCE (IF NURSING HOME OF	NOTHER INSTITUTION GIVE RESIDENCE BEFORMER		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS		9999
2		rkeley Martin		YESXX NO		ner Avenue	25401
	4 FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			
1	Daniel	C. Carve	2	Aurelia		Wo	odson
7	(YES NO OR UNKNOWN) I HE YES GIV	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRI	Connico D	nivo
1	No	234-01-8	3896	Virginia C.	Kerns, Anna	andale, VA	22003
I	18 CAUSE OF DEATH (Enter on	nly one couse per line for 101, (b., c	ind ic				OXIMATE INTERVAL EN ONSET AND DEATH
1	PART I. DEATH WAS CAUSE	TE CAUSE (o) Cardio	pulmor	nary Failure			
1		DUE TO, OR AS A CONSEQ	UENCE OF				
1	Conditions, if ony, which	(Massiv					
ı	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEO	JENCE OF				
1	underlying couse lost	(c)				- 30	
I	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110
	NO.						
1	190 DATE OF OPERATION 10/29/85 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC			20a AUTOPSY?	206. IF YES, WERE FIN	DINGS USED
	10/29/85	Angiosarcom	a left	t temporal reg		YES	NO 🗌
			DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART	71
ı	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
I	UN CONTRIBUTING CAUSE OF DEA	216 PLACE OF INJURY	FARM FIC I	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ı	WHITE NOT WHAT						
1	77e-1 certify that () one haspe	11/21 deceased from	OF	10/29 19 85		19_ 85	, that (I) (we) last
1	saw the deceased alive or obove. (I) (we) Idd) (did no	t View the bady after death.	85	nd that in (my bur) opinion o	death accurred on the de	ate and hour and from t	he couses stated
1	77k SIGNATURE	a of las	^	DEGREE			TE SIGNED
J	VU	Maryly Mi	/	ATTENDING PHYSICIAN	MEDICAL STAI		
1	224 PHYSICIAN'S NAME	PHYMATE		22e ADDRESS			
1	Dr. P Ruz	barsky		GBMC			
2	230 BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	Nov. 25, 1985 I	Roseda	le Cemetery	Martinsbu		
2	Charles on 12	lours ADDRESS	327 W	KingSt 250 DATE		256 REGISTRAR'S SIGN	
L	Brown Funeral Hor	me POBox 821, Ma	rtins	burg, WV NU	V 27 1985	gula Cariban	Barglasse

DHMH - 16 60M 7/84 (VRA 15, 4)

STEPHENS OF THE AND STREET noises I wormen thei moore wat na 27 De Jahrenderster

FOR - STATE REGISTRAR

STATE OF MARYLAND DEP

ARTMENT OF HEALTH AND MENTAL HYGIENE	~	
CERTIFICATE OF DEATH	REG. N	0.

	CASED NAME	FIRST		MIDDLE	1	ASI		20 DATE OF DEATI	HINOM	DAY YEAR	26 HOUR
111121	OR PRINT!	Berth	a A	lary	Co	rsey		Novembe	n 12,	1985	7:15 AN
SEX		4	RACE		S. DATE C	OF BIRTH		6 AGE IN YEARS LAS	T BIRTHDAY)	IF UNDER TYE	
	Femal		Whi		MOUTH 4	28	30	55	YR		
44	OLINIBYL .	R FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	MARDIE	DE NEVERA	AARRIED -	9 BALTIMORE CIT	Y OR COU	NTY OF DEATH	
	aryland		u.s.	A.	WIDOWE	D DI	VORCED _		re Co		MC
	Oundalk	EATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET Rabon			INTION	120 USUAL OCCUP TYPE OF WORK FOR MC			
130 S	L RESIDENCE (IF NU LATE aryland	TISK COLIN		13E CITY OR JOY Dundal	N	13d. INSIDE C	NO X		ss / ZIP CO		1222
A FA	Thomas	~	IDDLE	Koerner		77	S MAIDEN NA/ FIRST PRESA	ME MIDDI	E	Stoc	LAST R
	AS DECEASED EVE		VED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMA	NT	AD	DRESS		
(4	NO PUNKNOWN	(IF YES, GIVE	WAR OR DATES)	214-26-	9842	John	G. Case	24 7473 Re	abon A	venue 2	
	18 CAUSE OF DEA	TH Enter only	ane cause pe	line far (a) (b), an	dic			*		APPE BET WE	OXIMATE INTERVAL EN ONSET AND DEATH
	PART I. DEATH	IMMEDIATE		cardo	5056	S. K	mesa			m	Lauses
				R AS A CONSEQU	ENCE OF						- 4
	Conditions, if on	y, which	((b)	harla	and the same	20n /	Dohn	Drawion		1 8	Wee L
	gave rise to in cause (a), stat underlying cau	ting the	DUE TO, C	R AS A CONSEQU		- Ca	-100	25 Pip.	place	7 (NY)	weeks
	PART 2 OTHER SIG	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR C	ONDITION	GIVEN IN PART	10
Z	TAKT 2 OTTEK SK	SIVII ICA VI C	51451110143 C	OTTINIBUTINO (O	DEATH DOT	NOT RECAILE	TO THE TERM	NIVAL DISEASE ON C	ONDINOIS	Giver in a raki	110
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		YES, WERE FIN	
5								YES TO NOT	-	RTIFYING CAUS	SES OF DEATH?
ER	21a. ACCIDENT WAS U	INDERLYING	216. TIME C	OF INJURY		21¢ HOW IN	JURY OCCURE	RED (ENTER NATURE OF			
	OR CONTRIBUTING		"	M. MONTH D							
MEDICAL	(IF EITHER NOTIFY ME		_	.M. OF INJURY	19	211 LOCATIO	N N				
MEC		WHILE		REET FACTORY, OFFICE	ARM ETC)	STREET		CITAC	RIOWN	COUNTY	STATE
10	AT WORK	ORK			- 1		0.0				
	22a certify that		As-		Hu		19 32		Slas		, that (I) (we) last
	saw the deced above, (1) (ised alive an _		atter death	, ai	nd that in (my)	(apinion	death occurred on th	e date and	hour and tram	he causes stated
	THE SIZTATION	1	DA	/	_	DEGREE	TTENIEND	11501011		77c. D7	TE SIGNED
	MUG	26	Deen	Sea. V	www	,	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [14	113/86
	THE PHYSICIAN'S	NAME ITYM DE	(400)	2	1	22e ADDRES	S			- 0	
	Alber	1,8	dunk	era N	0	67	BIN.	Clear	es !	59. Bo	No. 212
22n B	URIAL CREMATION	I DEMOVAL	123h DATE	72,	NAME OF	EMETERY OR	CDEMATORY	23d LOCATION			

DHMH - 16 60M 7/B4

should be detached

DIVISION OF VITAL RECORDS, 201

Oak Lawn Cemetery Eastwood Balto Co 24 FUNERAL DIRECTOR Charles S. Zeiler & Son Inc. 901 S. Conkling St (VRA 15, 4)

26 HOUR

ov n 1:, 1 5 7:15 300 inman is the arms of the contract the contra marking to the state of the solar ways 1/20 0 200 Pennon! 12.55 STATE STATE OF plants of the contract of the STATE OF MARYLAND

IMMEDIATE CAUSE (a) Metastatic Adenocarcinoma

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE

220.1 certify that (1) (this haspital) attended the deceased fram ___November

76. CITIZEN OF WHAT COUNTRY?

4 RACE

ING HOME OF OTHER INSTITUTION

MIDDLE

LIE YES GIVE WAR OR DATES!

PART I. DEATH WAS CAUSED BY

Norman

White

DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

		CERTIF	ICATE OF DEATH	REG. N	0.		
V.	MIDDLE	Cava	naugh	November 2			10:10a
ACE		5 DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
nite		Apri		73	YRS.	INTHS DAIS	HOURS MIN.
U.S.	A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Baltimore City o			MD
	HOSPITAL, NURSING		R OTHER INSTITUTION	120 USUAL OCCUPATE		INDUSTRY	F BUSINESS OR
Frank	Clin Squar	e Hos	spital	Clerk		Gettie	er-Monta
RINSTITUTION	Baltimo	4	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS A		w Ave.	21206
rman	Alfor	d	15. MOTHER'S MAIDEN NAM	Edith		Sp	ence
FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS		
R OR DATES)	212-07-9	162A	Frank Cavan	augh (husba	nd) sa	me add	ress
DUE TO, OF	R AS A CONSEQUE COMPTICATO R AS A CONSEQUE	NCE OF DY	Acute Upper Hemor	Gastrointes rhage		N IN PART Inc	1
196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES [X] NO		WERE FINDIN NG CAUSES	
21b. TIME O HOUR A P.	M. MONTH DA	Y YEAR	216 HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T (OR PART 2)	
(AT HOME STR	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
ovember the body	e deceased fram		mber 159 85 d that in (my) (aur) opinion o			and from the	
			ATTENDING PHYSICIAN	MEDICAL STA	FF IAN (X	11-2	3-985
NI)		000	27e ADDRESS		0.7	4	
D.	9	000	Franklin Squ	are Dr. 212	37		

FOR

- STATE

(TYPE OR PRINT)

3. SEX

DECEASED NAME

Female

COUNTRYS

TO BIRTHPLACE ISTATE OF FOREIGN

OR TOWN OF DEATH

Baltimore

SUAL RESIDENCE IN NURS

FIRST.

(YES, NO OR UNKNOWN)

no

Lacy

Conditions, if any, which gove rise to immediate

cause (a), stoting the

underlying cause lost.

90 DATE OF OPERATION

22b. SIGNATURE

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

In WAS DECEASED EVER IN U.S. ARMED FORCES

FATHER'S NAME

Hattie

(VRA 15, 4)

DHMH - 16 60M 7/84

230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY) 11/27/85 Burial

G. Sloan, M.D.

23c NAME OF CEMETERY OR CREMATORY Gardens of Faith

23d LOCATION Baltimore

COUNTY

Md. STATE

24 FUNERAUSE FUNERAL HOME, Inc.

sow the deceosed alive on November 23 above, (I) (we) (did) (did not view the body ofter death

3331 Brehms Lane, Balto. Md. 21213

250 DATE RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

338018

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1,	- STATE REGISTRAR		CERTIF	FICATE OF DEATH	REG. N	0		
	ECEASED NAME FIRST	MIDDLE		(AST		MONTH	DAY YEAR	26 HOUR P
	Ricardo	CENTENO			Novembe	ar 29	1985	6.47 M
3 SE	X MICAI GO	4 RACE	5 DATE (6. AGE (IN YEARS LAST BIR	[HDAY]	MONTHS DAYS	HOURS MIN
-	Male	Cauc.	2- 2	20- 1916	69	YRS	DATS	HOURS MIN
Ja B	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	Y OF DEATH	
0	Philippines	Philippines	WIDOWI		BALTIMORI	E_COLU	YTY	MD.
10/0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OR
	Rossville	Franklin Squa	are H		Tailor			-employ
13a	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	E	-711
	Md. Bal	timore Perry F		YES NOXX	4526 Amb	ermi	11 Rd	. 21236
14 F	ATHER'S NAME	MIDDLE LAST	194	15 MOTHER'S MAIDEN NAM	ME MIDDLE		14	\$T
/	Crisanto	Centeno		Gregoria	1		Javie	r
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	21	236	
		II 212-94-9	9416	Leonor L.	Centeno 4	1526	Amberr	mill Rd
	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and	dicii				BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE	D BY						
	IMMEDIA	TE CAUSE (0) ASYSTOLE	_					
		DUE TO, OR AS A CONSEQUE	ENCE OF				-	
	Canditions, if any, which	(IN ACUTE MACE	CIVE	MYOCARDIAL INF	ADCTION			
	gove rise to immediate	,		HIOCHNOINE IN	MNOTION			
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF					
		(c)						
z		conditions <u>contributing to </u>			IN AL DISEASE OR CON	DITION GI	VEN IN PART 1	a
5		CTIVE PULMONARY			Tan	Ton in ver	C LIFE BUILD	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		S, WERE FINDI	
RTIF					YES NO		ES 🗌	NO 🗌
	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LIGHT A IL HOLITH DA	AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
MEDICAL	LIE EITHER NOTIFY WEDICAL EXAMINER	AIN	19					
EDIC	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR 10	WN	COUNTY	STATE
Z	AT WORK AT WORK	(AT HOME, STREET, FACTORY OFFICE, F.	ARM EIC]	31621	(11,0110			31416
	220.1 certify that (this hospi	ital) attended the deceased from	OVEN	19	, MOV		19	that (we) lost
16	sow the deceased alive as	NOVEMBER 29 November 29	OAFINE	no mot im the (our) opinion o	death occurred on the	ote and ha	ur and from the	causes stated
	22b. SIGNATURE	Neview the body after death.		DEGREE			22c. DATE	SIGNED
	Dela	hund	フレ	ATTENDING	MEDICAL STA	FF	- 1	SIGNED 9
	774 PHYSICIAN'S NAME LTYPE O	OR PRINT)	70	22e ADDRESS	DIRECTOR PHYSIC	.IAN L	VON-	EMBER29,
	LACI DI	ELAHUNT.		9000 FRANKI	IN SQUARE	DR.	21237	
	T DK. MION.				•			
230	BURIAL, CREMATION, REMOVAL	236 DATE 236 N	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
	Burial	Ma	lale	Cemetery	Malols		lippir	es
24 F	FUNERAL DIRECTOR	9705 Belair F	Rd.	21236 250 DAT	E REC D. BY REGISTRAR			412 2 00
		neral Home. Tr		UEU	2 1005	217 2 752	S PORTON PORTON	- Shallower



ALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, 201 W. PRESTON S'

	1-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		4.24
		CEASED NAME FIRST OR PRINT) Margaret	MIDDLE (Cervin		November 1	6, 1985	YEAR	11:07
	1	Female	White	5 DATE OF	.25, 1903	6. AGE (IN YEARS LAST BIRT	YRS		IF UNDER 24 HRS
5		ountry more, Md.	U. S. A.	MARRIE WIDOWE	D LI NEVER MARRIED LI	Baltimore city o		EATH	MD.
1	V	sedale	I NAME OF HOSPITAL, NURSING THE POT IN SUCH EACH ITY, GIVE STREET FRONKLIN SQU	ADDRESS)	Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSewife	WORKING LIFE) IN	kind o idustry .	
7	130 S	LERESIDENCE (IF NURSING HOME OR OF TATE Md		VN	134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS /		d A	Store
2	I4 FA	Howard	Moffet		Sophia	MIDDLE		esto	r Knorr
2	160 W	AS DECEASED EVER IN U.S. ARM	WAR OR DATEST		Mrs. Marga	timore ADDRE ret E. Lo	ss Md. na-417		
		Conditions, if ony, which gove rise to immediate cause IoI, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEOU b) DUE TO, OR AS A CONSEOU (c) DIDITIONS CONTRIBUTING TO	ENCE OF	NOT RELATED TO THE TERMIN	NAL DISFASE OR CONI	DITION GIVEN I	V PART 11s	
	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH			200 AUTOPSY?	20b. IF YES, WE	RE FINDIN	NGS USED
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH D	AY YEAR	21c HOW INJURY OCCURRE	ED (ENTERNATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE.		211 LOCATION STREET	CITY OR TO	VN (OUNTY	STATE
		220.1 certify that (1) (this haspite saw the deceased alive an _ abave, (1) (we) (did) (did gat)	November 16	85	er 16	toNovembe eath accurred on the do			that (I) (we) last couses stated
		226. SIGNATURE	en MA		-	MEDICAL STAF	F	11-1	6-985
		22d PHÝSICIAN'S NAME (TYPE OR K.C. Kitche	en, M.D.		9000 Frankl	in Square I	Orive 21	237	

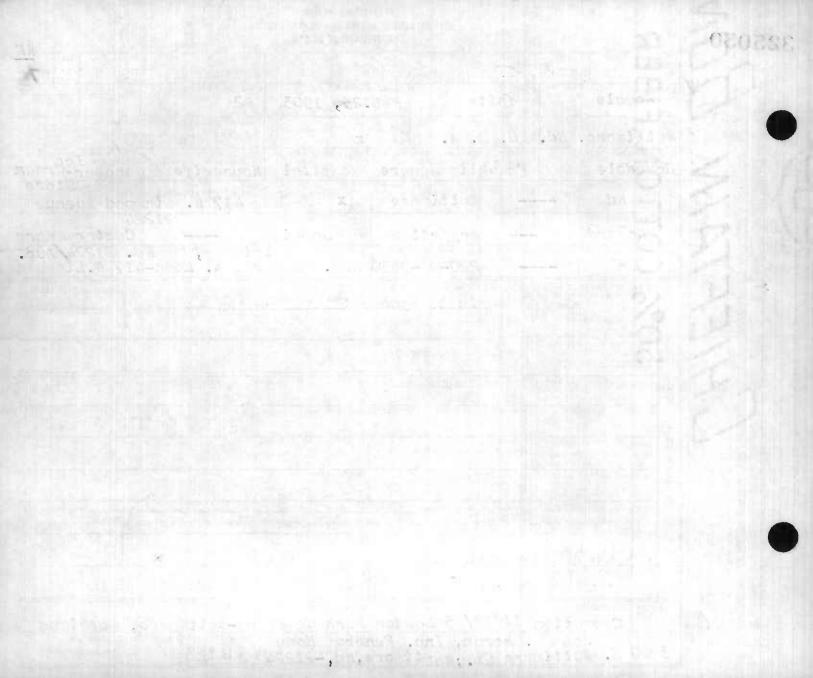
DHMH - 16 60M 7/B4 (VRA 15, 4)

Franklin Square Drive 21237

Cremation 11/18/85 Loudon Park Cemetery-Paltimore, Maryland

14 FUNERAL DIRECTOR John A. Moran, Johns. Funeral Home Pare Record By REGISTRAR 256 REGISTRAR'S SIGNATURE

3000 E. Baltimore St.; Raltimore, Md. -212 LV 19 1985



2b. HOUR

18

3:40 Am

10

IF UNDER 24 HRS

NO [

Towson, Md. 21204

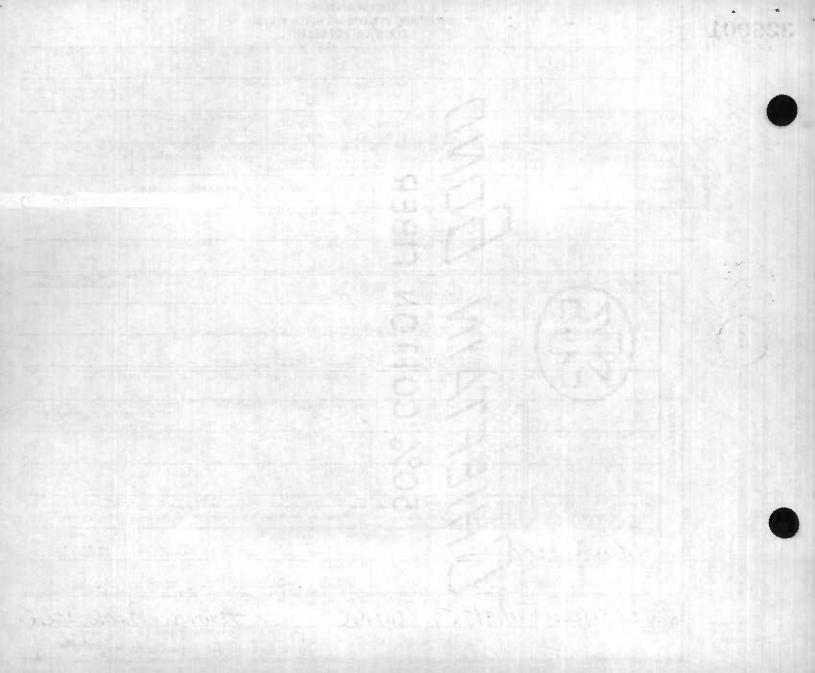
23a BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 24 FUMERAL DIRECTOR DHMH - 16 60M 7/84 NAME ADDRESS. in Davidson (VRA 15, 4)

22e ADDRESS

6701 N. Charles St.

22d/PHYSICIAN'S NAME TTYPE OF PRINT

John E. Adams, M.D.



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND

	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	IO.	
-		EASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH		AR 26 HOUR
	11116	On PRINT)	KENNETH I	. CLAYTON	V		November	10, 1985	M
j	3. SE X		4 RACE		5 DATE C		6 AGE (IN YEARS LAST BI		
ij		M	W		Apri	1 1, 1910 1	75	YRS.	ATS HOURS MIN.
1	7a. BIF	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED		OR COUNTY OF DEAT	Н
À		OUNTRY Md.	U	ISA	WIDOWE		Baltimor	e Co., Md.	MD.
7		LY OR TOWN OF DEATH			IG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12b KIN	ND OF BUSINESS OR
	0	Baltimore	74	8 Annes 1	e Roa	ad	Delivery M	an Der	t. Stores
	USUA 13a S	L RESIDENCE (IF NURSING HOME TATE 136 CO		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	
A			ltimore	Baltimo		YES NO 🔀	748 Anne	slie Road	21212
J	A FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAST
ľ	1	J	osiah Cla	yton		Este	lla Frazee		LAST
Ī		AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN) (IF YES.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	
	(1	No No	GIVE WAR OR DATES!	215 01 6	588 3 A	Mrs. Virgin	ia S. Clayt	on 748 Ann	neslie Rd.
IJ		18 CAUSE OF DEATH (Enter	only one couse per	line for (o), (b), on	dict		. 1 . 1	API BETW	PROXIMATE INTERVAL
		PART I. DEATH WAS CAL	SED BY: IATE CAUSE (0)	Cena	est	Tal hear	1 Laile	rel	2 weeks
		WW.CD		R AS A CONSEQUE	NCEOF	1 1	k 1 /		
		Conditions, if ony, which	DUE TO, O	Evin	W.	obstrence	tens hulo	unary!	25 qew
ı		gove rise to immediate couse (o), stating the	DUE TO, O	alleto	chap	1 201	1	- 1	
		underlying couse lost.	1502 10,0	Male	7/1	elecoles	Chroling	escula,	50 year
		PART 2 OTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTE GOOD	DE ATH BUT	TRELATED TO THE TER	MINAL DISEASE OR COM	DITION GIVEN IN PAR	RT 110
	CERTIFICATION				~0~2				
ï	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FI	NDINGS USED
	T E						YES NO	YES [NO [
Ī	GE	210. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY	V VEAD	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 OR PAR	12)
	AL.	OR CONTRIBUTING CAUSE OF	DENIN	M. MONTH DA	19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		711 LOCATION	CITY OR TO	OWN COUNT	Y STATE
	ž	WHILE NOT WHILE AT WORK	(AT HOME ST	REET_FACTORY, OFFICE_F	ARM_ETC }	ZIMEEL	CITORIO	544	JIAIE
ij		22a I certify that (I) (this ha	spital) attended th	ne deceased from_	19	115 19 8	1 to 11	110 19 89	that (1) (we) last
1		sow the deceased alive above, (1) (we) (did) (did	on	19_	85.0	nd that in (my) (our) opinion	death occurred on the o	ote and hour and from	the couses stoted
		276. SIGNATURE	not view the body	olyr deom.		DEGREE	,	27c. D	ATE SIGNED
1		A-H	and so	PAGE	m	ATTENDING PHYSICIAN	MEDICAL STA	FF CIANT	1/11/25
		224. PHYSICIAN'S NAME (TY	E OR PRINT)	2000	- 19 0	22e ADDRESS			
		19 T		CTT-		977 /-		DI Pa	_
		SILEV	n DIZ P	19 111		1 335 5 7	PYALL	11 ISA	LTD 7.170
	23a B	URIAL, CREMATION, REMOV Burial		123c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CUTY OR TOWN Baltim	I'L ISA	LTO ZIZO

DHMH - 16 60M 7/B4 (VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC.

24 FUNERAL DIRECTOR

6500 York Rd.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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24 FUNERAL DIRECTOR Loring Byers Funeral Directors. Inc.

8728 Liberty Road Randallstown, Maryland 21133

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2a DATE OF DEATH MONTH

26 HOUR

126 KIND OF BUSINESS OR

21206

21133

STATE

Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2 lm.

Yrs-

22¢ DATE SIGNED

The start of the state of

PATE RICE BY REGISTRAR 250 REGISTRAR'S SIGNATURE

IF UNDER I YEAR

INDUSTRY

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anna	bedf sobout 159 X	881100	Bulling	biologist
21133 Maylan	Militan P. Piener Th. Cheride E. Chyrillia 201. 2017 Indonesis Book Bandallatogt			1 arcore 1. 10 Fr

Lorizono Park Co coorg Lectry Been Brees, Birrology, Re. \$75 Liberty food feroal stone, Mayland 21135

Deliver Herman

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		OR TATE			EPARTMENT OF					0 0		
000000		EGISTRAR		MED	ICAL EXAMI			E OF DEA		REG. NO.		
379082		EASED NAME	FIRST		WIDDLE		LAST		20. DATE KN	STI- MON	TH DAY Y	EAR 25. HOUR
場所は名目			Raymo	nd Jam	es Cle	ement			DEATH M	ATED 1	79 198	5 40 M
一	3 SEX	4.	RACE	5. DATE OF BIRTH		EARS IF UN		NDER 24 HRS.	20 DATE	MONT		YEAR 2d HOUR
N S S S S S S S S S S S S S S S S S S S	Mal	6	White	9-27-11		YRS.	DATS HOU	MIN CM	DEAD	(1	26/19	85 40M
大	7a BIR	THPLACE ISTAT		76. CITIZEN OF WH		T.	ED NEVERA	AADDIED []	9 BALTIMOR	RE CITY OR COL		
日本の 音楽 / シ	1	eign country) nsv1van	in	USA		WIDOW		VORCED	EX	VTO (0	LUNGS	W 110
2203/7		Y OR TOWN O		TI NAME OF HOSE	PITAL, NURSING HOA			12a. USU	JAL OCCUPAT			OF BUSINESS
* # 8 # 9 # 9 W	Maa	dlawn			nert St.				MOST OF WORKIN		/	rn Elec.
			IN NURSING HOME	OR OTHER INSTITUTION, GIV		SION)		Kerr	red Su	pervisor	wester	rn Elec.
5 29358	13a ST	ATE	136 COU	NTY	13c. CITY OR TOWN	100.5	13d INSIDE CITY LIM		EET ADDRESS		0.1	007
2 (3 ME)	-	aryland	Вал	timore	Woodlawn			×x 644		ert St.	217	207
Q	14. FA	THER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S A		MIDD	i.E	LAST	
H 88 1 1 1 1			2	ement				Lydia		Yonke		
BALTIMORE, MD. 21201 BIS ATTEN DE ATTENT GINE PAGES WITH FORM PINS PAGES IN RECOMMENDED PAGES		AS DECEASED S, NO, OR UNKNOW		RMED FORCES? E WAR OR DATES)	166 SOCIAL SECUR	TY NO.	17. INFORMANT	^T Baltim	ore	ADDRESS MI	21:	207
AND THE PARTY OF T	No		-	-	216-03-00)28A_	Mrs. Ma	ry S. C	lement	6446 I	ehnert	St.
8 9 3 4 6		18 CAUSE OF	DEATH (Enter a	nly one couse per lige	for (a) (b), and (c)	0					APPROX BETWEEN	ONSELAND DEATH
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DHMH - 17	24 FU	NERAL DIRECT	Loring	Byers Fun			Tno 250. [DATE REC'D. B'		256 REGISTRAR	'S SIGNATURE	1.00
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 26 HOUR 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR E LINDER WINDS MONTH YEAR black 30 a BIRTHPLACE THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED DIVORCED [10 CITY OR TOWN OF DEATH INDUSTRY Jacqueline Cody Sayon eautician NIWCOUNTY 21229 13a STATE 13c. CITY OR TOWN . 138 STREET ADDRESS / ZIP CODE Baltimore 5. Loudon 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE pencer 15abe MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATES! 232/44/0092 -awrence S. Loudon Ave 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) ond icit
PART I DEATH WAS CAUSED BY. HEMORRHAGE DUE TO, OR AS A CONSEQUENCE OF Y EARS HYPERTENSION Canditians, if any, which gave rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 1 certify that ((this haspital) attended the deceased from. 11-27 _, and that in () (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS CADA-LOVIO, MA 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 12/3/85 Burial Church Cemetery Keystone COUNTY West Vallet 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

William C. March F/H West 4300° Wabash Avenue



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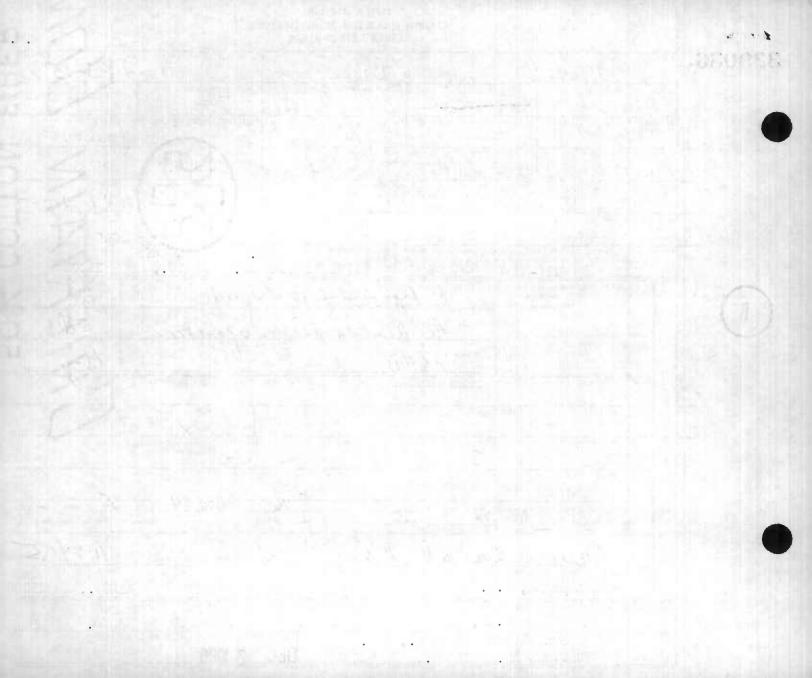
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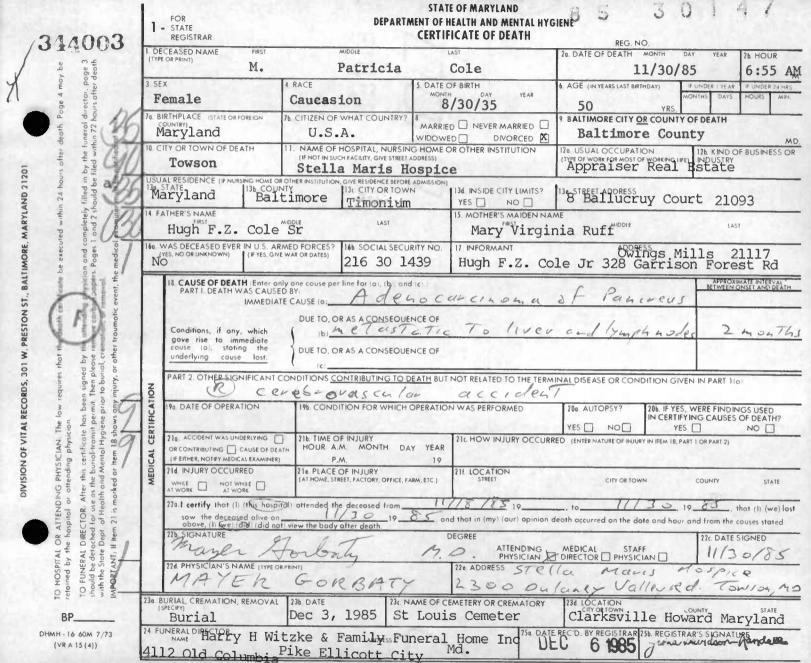
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STATE OF MARYLAND





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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI	IENE REG. NO	0.	
1	TOCCASED NAME FIRST	e D	C	onnar		MONTH DAY YEAR 5, 1985	8:59Pm
	Female	White	o Date o	ber 18, 1892	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEA MONTHS DAYS	
5	Maryland	76 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE	DI NEVER MARRIEDX	12 - 11	RECOUNTY OF DEATH	TY MD.
1	TOW SON	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF CONTROL OF WORK FOR MOST CONTROL OF WORK FOR MOST CONTROL OF THE PROPERTY OF THE PROPE		of Business or mical
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2	160. WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SO WE WAR OR DATES) 2/6	-01-0573	17 INFORMANT John J. Conno	r Sr. 104 M		. 21204
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	1226 PHYSICIAN'S NA	hods "	1.	2300 /w/s.	NECTOR PHYSIC		21204.
	230. BURIAL CREMATION, REMOVAL (SPECIFY) Burial	11-8-85		emetery or crematory seph! Cemetery		Balto.	STATE Md.
	24 FUNERAL DIRECTOR Mitchell-Wiedefe	1d Home 6500	ADDRESS O York Road	MA	V 1 2 1985	ZIL REGISTRARS SIGNA	Handese

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84 (VRA 15, 4)

Mitchell-Wiedefeld

230 BURIAL CREMATION, REMOVAL (SPECIFY BUTIAL)

24 FUNERAL DIRECTOR

ADDRESS 6500 York Rd

23c NAME OF CEMETERY OR CREMATORY New Cathedral

23b. DATE 11/21/85

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

Baltimore

26 HOUR

21218

BETWEEN ONSET AND DEATH

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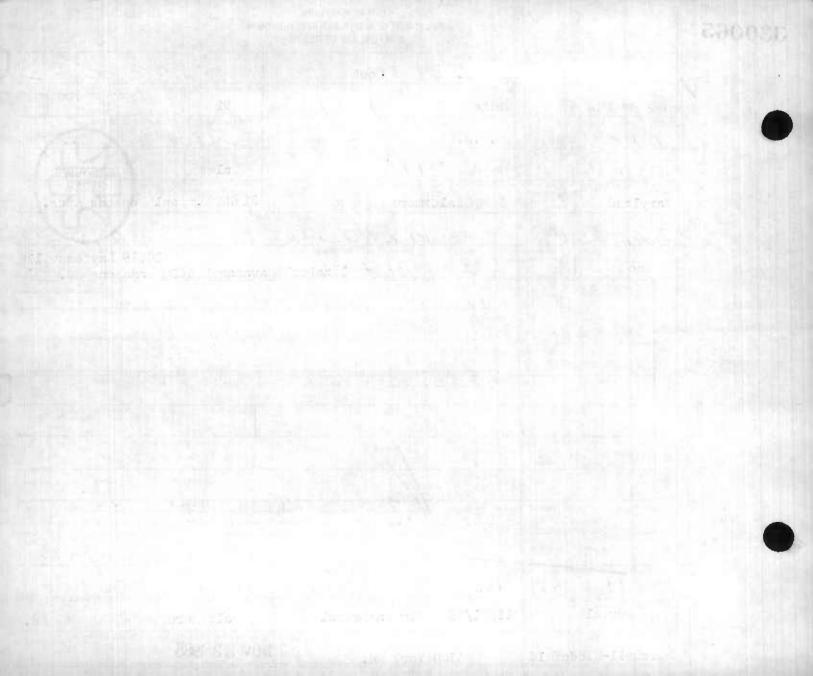
STATE

Md.

COUNTY

22c. DATE SIGNED

IF LINDER 24 HRS



333101

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR LYPE OR PRINT! John COSCIA 1:34a November 24, 1985 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 1 SEX CAUCASIAN 798 04 03 MALE 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED MARYLAND IISA Baltimore County WIDOWEDX 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR FRANKLIN SUUARE HOSPITAL "S中程在工 ROSSVILLE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE ROSEDALE 1112 ROSEDALE AVE. 21237 15 MOTHER'S MAIDEN NAME FATHER'S NAME FIRST MIDDLE MIDDLE BASSETT ANNA COSCIA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217014905 SAMUEL COSCIA 7910 GILMORE AVE. NO 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardiopulmonary Arrest Anasarca Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM YES [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE 220.1 certify that (A (this hospital) attended the deceased from_ 85 saw the deceased alive an, 85, and that in (nx) (aur) apinion death accurred on the date and have and from the causes stated above, * (we) (did) (dix xit) view the body after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL 22e ADDRESS G. Sloan, M.D. 9000 Franklin Square Dr. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN STATE BURTAL

DHMH - 16 60M 7/B4

GARDENS

OF FAITH

BALTO BATTO 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MD

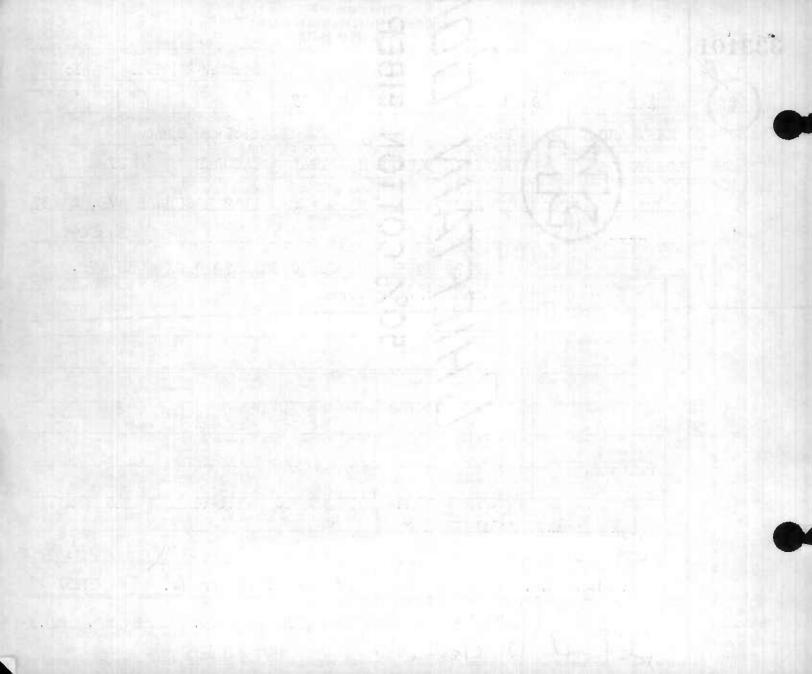
in me as me you would make a house gay

CERTIFICATION

MEDICAL

8

(VRA 15. 4)

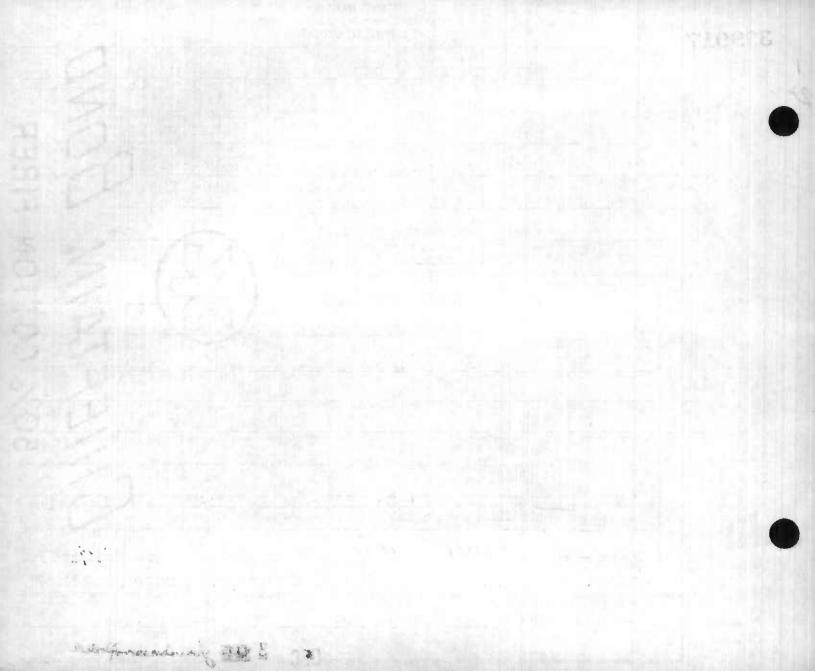


		FOR
1	-	STATE
		DECKTOAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

717	1.	REGISTRAR				CERTIF	ICATE OF DE	ATH	REG. N	10.				
		CEASED NAME	FIRST		MIDDLE	l	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
			GREG		MICHAEL		OWART			11	19	85	5:50 p	
	3 SE	X		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BE	RIHDAY}	MONTH	DER I YEAR	HOURS MIN.	
10		Male			White	11	18	85		YRS			22	
St.	ь .	RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED			D NEVER MA	RRIED T	9 BALTIMORE CITY		COUNTY ME			
7	10 C	TOWSON	ATH	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Balto. Med.			OR OTHER INSTIT		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST infant	KIND C	OF BUSINESS OR			
3	Ma	AL RESIDENCE (IF NURS STATE ryland	13b COU		13c. CITY OR TOWN Reister	stown YES NO KX			13 STREET ADDRESS 15 Bosley			21136		
U		John		MIDDLE Innigan	cowar		Jill	151	Luray		Pe	ersin	ıger	
		VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU	RITY NO.	birth		ADDR ficate	RESS				
		18 CAUSE OF DEAT	APPROXIMAT BETWEEN ONS			MATE INTERVAL ONSET AND DEATH								
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PNEUMOPERICARDIUM									hours		rs	
		Canditians, if any, gove rise ta imm cause (a), statin underlying couse	mediate ng The	(b)_	RESPIRA' OR AS A CONSEQUE PREMATU	TORY :	DISTRESS	OF N	EWBORN			Hou	rs	
	NO.	PART 2 OTHER SIGN	HER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL							MINAL DISEASE OR CONDITION GIVEN IN PART 1				
1	19a DATE OF OPERA	TION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	MED	20€ AUTOPSY?	IN CER			NGS USED OF DEATH?		
/	AL CERTIFICATION	OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DE	ALES .		Y YEAR	21c. HOW INJU	IRY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM I	8 PART I C	OR PART 2)	Milit	
	MEDICAL	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET FACTORY, OFFICE FA		211 LOCATION		CITY OR TO	OWN	C	COUNTY	STATE	
		22a. I certify that (I) saw the deceose obove, (I) (we) (c	ed alive an	11/19	19_	11/18 85		19 <u>85</u> ur) opinion o	ta 11/10				that (1) (we) lost couses stated	
1		226 SIGNATURE	14	am	nei	m		ENDING	MEDICAL STA			22c. DATE	126/85	
1		JOEL L.					6701 N.	CHARI	LES ȘTREET,	TOW	SON,		21204	
IMPORTANT:	23a E	BURIAL, CREMATION,	REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CR	EMATORY	23d LOCATION					
		released t	o hos	pital	11/26/85		GBMC		Towson,	Balt	600	id.	STATE	
7/84		UNERAL DIRECTOR			ADDRESS		-	25a DATI	REC'D. BY REGISTRAN	_			URE	
								TE U					*	



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

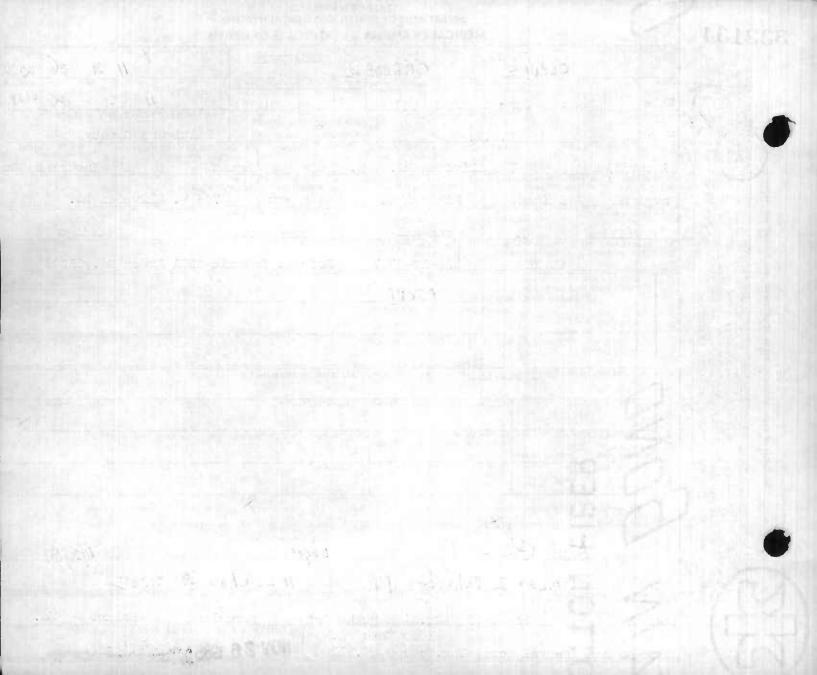
		REGISTRAR				CERTII	ICATE OF DEATH	REG. NO			
318040		CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE OF DEATH N		26 HOUR	
2 0 0		Ed	ward	Micha	el Coyn	e i		Novemb	er 11 1985	м	
ner o	3 SE	X		4 RACE_		S. DATE C		6 AGE (IN YEARS LAST BIRTH	MONTHS DA		
ge 4		Male		Cauca	sion	Ja	nuary 19 1892	93	YRS.	nous min.	
1 1 26	7a B	RTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH		
He deor		Maryland		U.S.A		WIDOWE	D X DIVORCED	Baltimore	County	MD.	
11 17	10 C	ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATIO		D OF BUSINESS OR	
is is		Randallstown		Balti	more County	Gener	al Hospital	Boiler Make	r B	&O Rail Road	
(14)		AL RESIDENCE (IF NURS	136 COU	VTY	13c CITY OR TOW			13e STREET ADDRESS /	ZIP CODE	ALL REEN	
(The second				timore	Woodla	wn		2314 Popla	r Drive	21207	
10/2/	14. F	ATHER'S NAME		MIDDLE		15 MOTHER'S MAIDEN NAME		-		LAST	
d to		Jerome Coyne					Mary Ellen				
ges		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFOMMANIEdward			17314	
. Po		No			705-03	-6983	RD #3 P.O.	28/	Delta	Pennsylvani	
ysic ape		18 CAUSE OF DEAT PART I. DEATH W	H Enter or	nly one couse pe	r line for (a), (b), and	dicti	1	1	BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH	
g ph conp		T SKI I. DERIKI Y		TE CAUSE (0)	(CB/C	D-K	moray!	162624			
andin or		Conditions, if ony, which (b) Notes Atheroscionotic Capolorate Des									
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by by all, cr		underlying couse	lost	(()	7171371 001132402	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
and bled burial		PART 2 OTHER SIGN	VIFICANT	CONDITIONS	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN						
t. The or to y injur	CERTIFICATION	> G0.	te	, Ovol	to-Ce	ma	cal lega	11. class	i alex	alater	
brid brid	S	190 DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS		
te house show	RTE							YES NO	YES 🗌	NO 🗌	
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o y pris d	AED!	214 INJURY OCCUR			OF INJURY	ARM EIC)	211 LOCATION STREET	CITY OF TOW	N COUNTY	STATE	
os the thought orked	1	AT WORK AT WO	RK								
R A A USE LEGIS IN SERVICE IS THE		22a.1 certify that (1)					1975		19 3 5	_, that (I) (we) lost	
haspito RECTO red for ppt of h		saw the decease obove, (1) (we) (c	ed alive an	t view the body	ofter death	37.01	nd that in (my) (our) opinion o	death accurred on the dat	e and hour and from	the couses stated	
		226 SIGNATURE		1	(^	DEGREE			ATE SIGNED	
£ 1 + 0 - 11		1202	713	Ku	ware	Y	M C ATTENDING &	MEDICAL STAFF		luler	
FUNERAL old be death of the State ORTANT:		224 PHYSICIAN'S NA	AME (TYPE			16 00	22e ADDRESS	1 2 2 -		00	
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ē <u> </u>	23a	BURIAL, CREMATION,	REMOVAL	236 DATE	23t N		EMETERY OR CREMATORY	23d LOCATION			
BP		Burial		11/15	5/85	Lorra	ine Park Cemetery	Woodlawn	Baltim	ore Maryland	
HMH - 16 60M 7/84	24 F	JNERAL DIRECTOR			Funeral Dir			REC'D. BY REGISTRAR 2	Sb. REGISTRAR'S SIGN	ATURE	
(VRA 15. 4)		8728 Liberty	Road	Randallsi	town. Marvla	and 211	33 NU	V 12 1985 J	white wastifulation	-67.05	

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WEW Comment of the Co	

Lundre Park Contrary Localy Space Blooms, Blooming, Dec.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 333134 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME CLAUDE 20 DATE KNOWN (TYPE OR PRINT) CRANDALL ESTI-0506 DEATH MATED SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2d. HOUF 2c. DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD Male White June 26,1895 YRS 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Maryland Baltimore County U.S.A. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING HEFT OR INDUSTRY Pikesville 706 Cliveden Rd. Agent Insurance Co USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONAL 113b. COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Pikesville 706 W. Cliveden Rd Maryland Baltimore YES NOX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE EMIST LAST Owings Crandall William Margaret 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) LIFYES GIVE WAR OR DATES) Lois C. Schwait-2221 Arden Rd. 213-10-6367 21209 WW II Yew 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BE USED AS A BURIAL-ENT OF HEALTH AND MEN BURIAL, CREMATION, C lying cause lost. CAL EXA DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | | | CERTIFICATION 190 DATE OF OPERATION VARDED TO THE CHIEF A PAGE 3 SHOULD BE USED TATE DEPARTMENT OF HE 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY 2TE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 19 TE PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 STREET WHILE CITY OR TOWN COUNTY STATE 21201 WHILE AT WORK AGE 4 SHOULD BE FORW S FUNERAL DIRECTOR: P. 22e I certify that I took charge of the remains described above, held on Inspection Inquiry and in my apinion death resulted from: Natural cause Hamicide Undetermined manner TITLE (SPECIFY) (TYPE OR PRINT) NA O 23d LOCATION STATE Md. Freeland Balto. Burial 11-23-85 Mt. Zion Methodist 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 1050 York Rd. **DHMH - 17** ADDRESS (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204 20M 4/82



STATE OF MARYLAND

Margaret S. Croato

030055 SIN CO OF SHAFFING THE STANDS OF THE PARTY OF THE TO SERVICE SERVICE OF SERVICE SERVICES The same of the sa

ral director death. Page

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

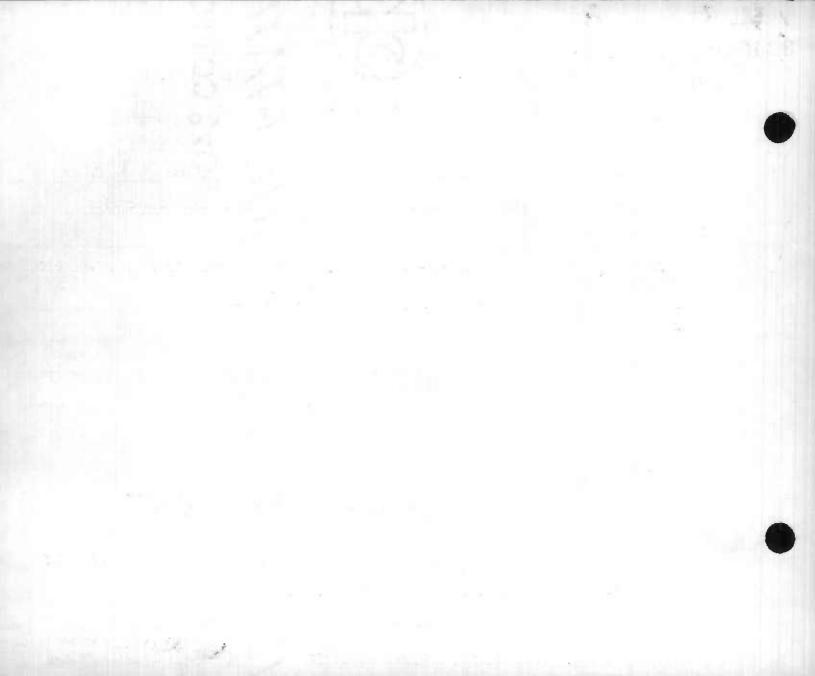
REGISTRAR		CENTIFICATE OF DEATH	REG. NO.	
DECEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH DAY	YEAR 26 HOUR
FREDE!	RICK J.	CROOKS	NOVEMBER 17, 1985	,
SEX	4. RACE	5. DATE OF BIRTH	0:7102	INDER I YEAR IF UNDER 24 HRS
MALE	WHITE	AUGUST 21, 1920	65 YRS. MON'	THS DAYS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8	9 BALTIMORE CITY OR COUNTY OF	DEATH
BACTIMORE	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE COUNTY	' w
ARBUTUS	11. NAME OF HOSPITAL, NURS 15 NOT IN SUCH FACILITY, GIVE STRE 1301 BIRCH AV	ING HOME OR OTHER INSTITUTION ELAPORESSI ENUE	LITYPE OF WORK FOR MOST OF WORKING LIFE!	126. KIND OF BUSINESS O INDUSTRY FACTORY
SUAL RESIDENCE IF NURSING HOME OF STATE 13b. COU		WN 13d. INSIDE CITY LIMITS?	13 38 BIRCHAVENUE	21227
EZIN CROOKS	MIDDLE LAST	COR'TNE S		LAST
WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC 213-16-		ADDRESS IIA CROOKS 1301 BIR	CH AVE 2122
Conditions, il any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	UENCE OF	rminal disease or condition given	IN PART To
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		VERE FINDINGS USED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTHY MEDICAL EXAMIN 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (1) (this has sow the deceased alive of the contribution	HOUR A.M. MONTH P.M. 11e PLACE OF INJURY INTO ME STREET FACTORY OFFICE Dital to ottended the deceased from in 19 iot) view the body after death.	DAY YEAR 19 211 LOCATION STREET		COUNTY STATE
CARLO CANADO AND STREET WAS	CAREY, W.D.		S HOSPITAL	
BURIAL, CREMATION, REMOVA	L 23b. DATE 236	NAME OF CEMETERY OR CREMATORY		OUNTY STATE
BURIAL	11/21/85 NI	EW CATHEDRAL CEMETE		MARYLAND
FUNERAL DIRECTOR	ADDRESS	25a. D	ATE REC'D, BY REGISTRAD 256. REGISTRAF	
AMBROSE. INC. 1	328 SULPHUR SPR	ING KOAD 21227	TO TOO SE STUDIOSE OF	Din Randall

DHMH - 16 50M 4/83 (VRA 15, 4)

O FUNERAL DIRECTOR

TO HOSPITAL

IMPORTANT: If Item 21 is should be detached for with the State Dept of



Walter Brooks Bradley Inc. Balto., Md. 21222

(VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical should be detached for use as the bundi-transit permit. Then please remove carbon paper with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remandal. MAPORTANT: If them 21 is marked or hem 18 shows any injury, or other traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN The low retoined by the hospital or ottending physician.

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 21201

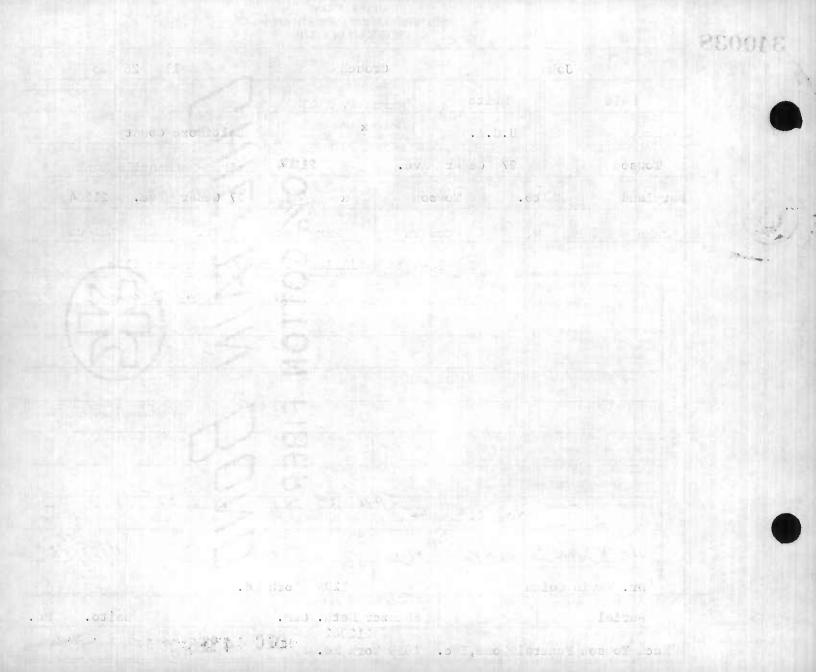
FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG	NO.

- 1		REGISTRAR							REG. N	0.						
I		EASED NAME	FIRST	1	MIDDLE	Ł	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUI	R		
	1	on rainer)	John		W.	Cı	couch			11	26	85		М		
1	3. SEX			4 RACE	NHE U	5 DATE C		YEAR	6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDE	PAYS	HOURS	24 HRS MIN.		
		Male	White				h 4, 190	_	82	YRS.	MOMINS	DATS	HOOKS	MIN.		
1		THPLACE ISTATE OR	FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	8	NEVER MAI	DIED []	9 BALTIMORE CITY O		Y OF DE	ATH				
7		aryland		U.S.	A.	WIDOWE		RCED	Baltimore County							
/	10 CIT	Y OR TOWN OF DE.	ATH		E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN SUCH FACILITY, GIVE STREET ADDRESS) Cedar Ave. 21204 Retired-Merce							12b KIND OF BUSINESS C				
1	3	Towson		27	Cedar A	ve.	2	21204	Retired-Me				k			
4	13a ST	ATF	SIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BE 136. COUNTY Balto. 136. CUTY OR TO TOWS				134 INSIDE CITY	LIMITS?	13. STREET ADDRESS	/ ZIP COL)F					
A	Mary	yland	Bal	to.	13c. CITY OR TOW Towso	n	2	O 🔀	27 Ceda:	r Av	ė.	212	04			
1	14 FAT	HER'S NAME	A	AIDDLE	LAST	100	15 MOTHER'S M		AE MIDDLE	200		LAST				
6	Jo	ohn		W.	Crou	ch	. 1116	garet	P.			Leag	ue			
1		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMANT	1	ADDRI	ESS	3360					
	No		14 163, 0146	WAR OR DATES	216-14-	3824	Lillian	A. C	rouch - Sar	ne as	#13	e				
1	1	18 CAUSE OF DEAT	H (Enter onl	y one couse per	line for ioi, (b), on	d (c)		0			4 B	APPROXIM	ATE INTER	VAL DE ATH		
1		PART I. DEATH V			anter	co be	elesolic.	Carde	en Vascela	N DI	slere	2		77.0		
1		IMMEDIATE CAUSE (8)										15-	- 1			
1		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which														
1		gove rise to immediate														
		cause (a), statis		DUE TO, O	R AS A CONSEOU	ENCE OF										
				(c)												
1		PART 2 OTHER SIG	T 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							EVEN IN E	EN IN PART Tra					
4	CERTIFICATION	90 DATE OF OPERA	TION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YE	ES, WERE	FINDING	GS USED)		
1	FIC									IN CERT	IFYING (CAUSES	OF DEAT	H?		
\mathbb{H}	ERT	71a ACCIDENT WAS UN	DERLYING	21b. TIME O	FINIURY	-	121r HOW IN JUI	RY OCCURRI	YES NO DED (ENTER NATURE OF INJU		res 🗍	D APT 21	NO []		
4		OR CONTRIBUTING		110/10 4	M. MONTH D	AY YEAR		0000	ED (Eldier wallows Or 11/30	RY IN TIEM TO	PARTION	rant ()				
	MEDICAL	(IF EITHER NOTIFY MED				19	100 100 100 100 100 100 100 100 100 100		574							
	MEC	21d INJURY OCCUR		21e. PLACE	REET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION		CITY OR TO	WN	(0)	YINU	51	TATE		
	- 1	AT WORK AT WC)Rs.			1			**	214	7 0					
		220.1 certify that (I's saw the decease		41 4	26 deceased from	25 4 11	-/1 3-	19.78	to/YOV_	alu C	. 1923		not (l) (a			
		above, (1)	did) (did sot		after death.			e) opinion a	leath accurred on the d	ate and ho				ted		
2		22b. SIGNATURE		0	•		DEGREE	ENDING	MEDICAL _ STA	E E	22	. DATE S	IGNED.	1.20		
Д		in 9	un i	Sun	n 1	4.0.	PHY	SICIAN			1	1/27	183	-		
		22d. PHYSICIAN'S	AME ITYPE OF	PRINT)			22e ADDRESS					' /				
		Dr. Kev	in Qui	nn		ne i.i.	1205	York	Rd.							
	230 BU	JRIAL, CREMATION	REMOVAL	236 DATE			EMETERY OR CRE		23d LOCATION		COLIN	TY	51	TATE		
	, ,	Burial		12-2-8	35 Eb	eneze	r Meth.	Cem.			Ba	lto.		Md.		
	24 FUN	NERAL DIRECTOR		E 3 -	ADDRESS	-, 112	21204	250 DATE	REC'D. BY REGISTRAR				RE.	. DO		
	Ru	uck Towson	n Fune	ral Hom	e, Inc.	1050	York Rd.	DE	4 1905	73	المنعضا	TOO -	Jarian			



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	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST.	23o.B	URIAL, CREMATIC	N, REMOVAL 2	3b DATE	23c. 1	NAME OF CE			RY	23d LOCA	ATION		COUN	ITV	STATE
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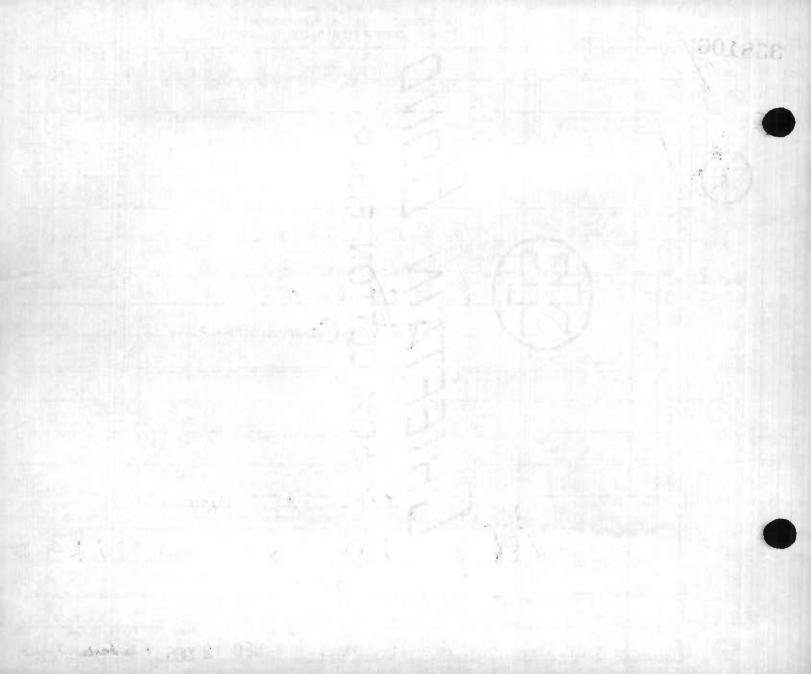
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 337096 REGISTRAR REG NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH 2h. HOUR TYPE OR PRINT 40 1 5. DATE OF BIRTH IF UNDER LYFAR 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) F UNDER 24 HRS MONTH YEAR DAYS HOURS 126-85,00 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Poland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUT 13d. INSIDE CITY LIMITS? 21231 136 CITY OR TOWN 13e STREET ADDRESS NO B 91+ YES 🗍 507 S. Collington Ave. in 15. MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE Victoria Charchut Joseph Pietruszewski 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Anthony Pasquariello Towson, Md. 21204 I HE YES, GIVE WAR OR DATES! No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10 1/16), and ac PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 198 DATE OF OPERATION 20e AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 220.1 certify that (I) (this baspital) attended the deceased from saw the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (did) (dimensions the body after death 22b-6IGNATUII DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 77e ADDRESS THE PHYSICIAN'S NAME THE ORDER 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Burial Baltimore, Maryland Nov. 25, 1985 Holy Rosary Cem. 354 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 7/77 Owings Mills, Md. (VRA 15 (4)) Kind . Dustine

To the second of A STATE OF THE PARTY OF THE PAR balance delica of the all the balance and balance A CHARLES AND A CARACTER OF A CARACTER AND A CARACT were the first for the first finding three by the first for the first form Nov. 25, 1987 dely mesery Ces. dalkingre, arrained We could be a selected to the selection of the selection

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 338106 REG NO. 1. DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH 26 HOUR YEAR TYPE OR PRINTS ANTHONY F. DANAITIS 85 8:30A.M 4 RACE 5. DATE OF BIRTH 6. AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR 1. SEX MONTH VEAD Male White 10 07 78 BIRTHPLACE (STATE OF FOREIGN LOUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED KNEVER MARRIED COUNTRY Baltimore County Maryland U.S.A. WIDOWED DIVORCED T CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) NOT IN SUCH FACILITY, GIVE STREET ADDRESS] INDUSTRY Halethorpe 4417 Maple Avenue Tailor John Grue Co. 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore Halethorpe 4417 Maple Avenue NOIX 21227 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Danaitis Benedikta Sukauckas Stanley ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HE YES GIVE WAR OR DATEST 212-18-9870 Olga, A. Danaitis 4417 Maple Ave. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line of ja), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate cause (o), stating underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOT YES T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS P.M 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STREET STATE AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22e Certify that (1) (this haspital) attended the deceased from saw the deceased alive an 19 saw the deceased alive an and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) to 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN ! 22d PHYSICIAN'S NAME (TYPE 4630 Wilkens Avenue Dr. Hanif 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN Burial 12/2/85 Loudon Park Cemetery Baltimore Maryland 250 DATE REC'D. BY REGISTRAN 56 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)



326045	item 16b, film#G618 FOR 8-22-86jlb REGISTRAR	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE REG. NO.	30161
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oge 4 in	/ Female	White	Feb. 28, 1896		YRS DATE HOURS MIN.
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by the f	Towson	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD Meridian Multi-	-Medical	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Homemake	er Own Home
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DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR Hen	y W. Jenkins.s.&	Sons Co. 250 00	FRECD BY REGISTRAR 256 R	REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FICATE OF DEATH

								NEO. ITO.						
	DECEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF D	EATH MONTH	DAY YEAR	DAY YEAR 26 HOUR				
E	Mrs	. Cor	inne F	stelle	Davi	S	Nov	vember 13	1985	6	OFM			
3	SEX		4 RACE		5. DATE	OF BIRTH		RS LAST BIRTHDAY)	IF UNDER I YEA					
di-	Female	2011/09	Caucasian June			27 1907	78		MONTHS DAYS	HOURS	MIN.			
		OR FOREIGN		WHAT COUNTRY?	-	er 1901		E CITY OR COU						
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-	Connecticut		USA		WIDOWI			re County		N				
T	CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL O	OR MOST OF WORKIN		OF BUSINE	ESS OR			
	Randallstown		Baltimor	re County Ge	eneral	Hospital	Homemake	r						
	JOUAL RESIDENCE (IF N	IURSING HOME OR		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS	2 113 STREET AL	DRESS / ZIP C	ODE					
100	Maryland	Baltin		Randallst		YES NOX		stone Rd.	502	2113	3			
1 34	FATHER'S NAME					15 MOTHER'S MAIDEN	NAME							
	Denis Audette		MIDDLE	LAST		Carmelina L	andrar	MIDDLE	· ·	AST				
	o WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	IRITY NO	17 MFORMJerome		ADDRESS		2112	2			
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-	7 0	REBRU	YASO	ULAR 1	ACCI	NOT RELATED TO THE T	20a AUTOP	SY? 20b. IF	YES, WERE FIND	INGS USE				
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1	210 ACCIDENT WAS		21b. TIME C	OF INJURY	AV VEAD	21c HOW INJURY OCC	URRED (ENTERNATU	RE OF INJURY IN ITEM	18 PART I OR PART 2)					
	OR CONTRIBUTING	_	un I	.M. MONTH D	19									
	OR CONTRIBUTING L (IF EITHER NOTIFY M 21d INJURY OCC		21e. PLACE	OF INJURY		211 LOCATION		CIT- 00 10	COUNTY					
	ANUTE NO	WHILE WORK	(AT HOME ST	REET, FACTORY, OFFICE F	ARM, ETC }	STREET		CITY OR TOWN	COUNTY		STATE			
			tal) attended ti	ne deceased from_	11	-8- 10 8	15 to	11-13	10 85	, that (i) ((we) lost			
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2	30 BURIAL, CREMATIO	N, REMOV	23b. DATE	236 1	NAME OF C	EMETERY OR CREMATO	RY 23d LOCAT	ION	COUNTY		OAN			
- 1	Cremation		11-18-8			w Memorial P	ark Cator	sville	Baltimone	Maryla	nde			
2	4 FUNERAL DIRECTOR	Loring	Byers Fur					10 S R 25b 503	LISTRAR'S SIGN	ATURE				
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Market Market Michigan Land 1997

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3/	23(130		REGISTRAR		R'S CERTIFICATE OF DE	NEO. ITO.	
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	WIT WIT	7	18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line for (a), (b), and (c).)		KE COROS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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N. PR	ANS ANS REV	8	Canditions, if any, which gave rise to immediate couse (a) stating the under-	(b)			
	CUTED W		lying cause last.	(c)			
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TALRE	SHOULD ORD "PE CHIEF A	IFICAT	19a. DATE OF OPERATION	1% CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY? YES ▼X NO □
DIVISION OF VITAL RECORDS,	HIS CERTIFICATE SHOULD BE EN WRITING THE WORD "PENDIN ARDIOD TO THE CHIEF MEDICAGE 3 SHOULD BE USED AS A ATE DEPARTMENT OF HEALTH SIZOI PRIOR TO BURIAL, CREM	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING XOR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY 19 YEAR P.M. 19	driver of an aut		OR PART 2)
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	" m ≥ m m		22a. I certify that I taak charge af the death resulted Mam. Natural car	he remains described above; held an uses , Accident X, Suic	Autapsy . Inspection .		ny apinian
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOIL TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BAITIMORE, MARKILAND	P	ACTUAL SIGNATURE	Dre Krill	TITLE (SPECIFY) M.D. Assistant		ATE IGNED 11 7 05
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	7	23a Bi	JRIAL, CREMATION, REMOVAL 236 DA	ATE 23c. NAME OF CEM	ETERY OR CREMATORY 123d	LOCATION	COUNTY
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338091	- STATE REGISTRAR		CERTIFICATE OF DEATH REG. NO.							
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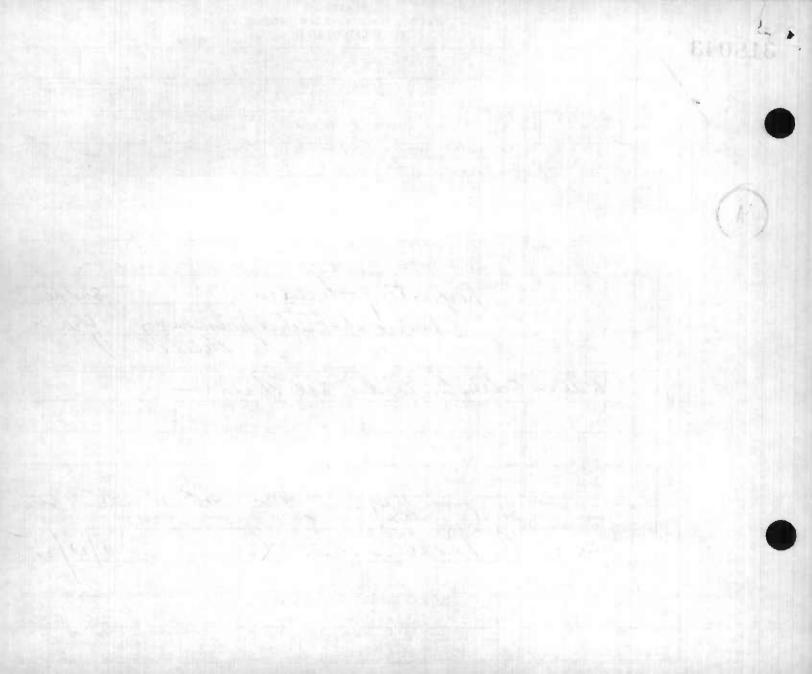
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE

REGISTRAR



8728 Liberty Rd. Randallstown, MD 21133

Loring Byers Funeral Directors, Inc 250 DA

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

26 HOUR

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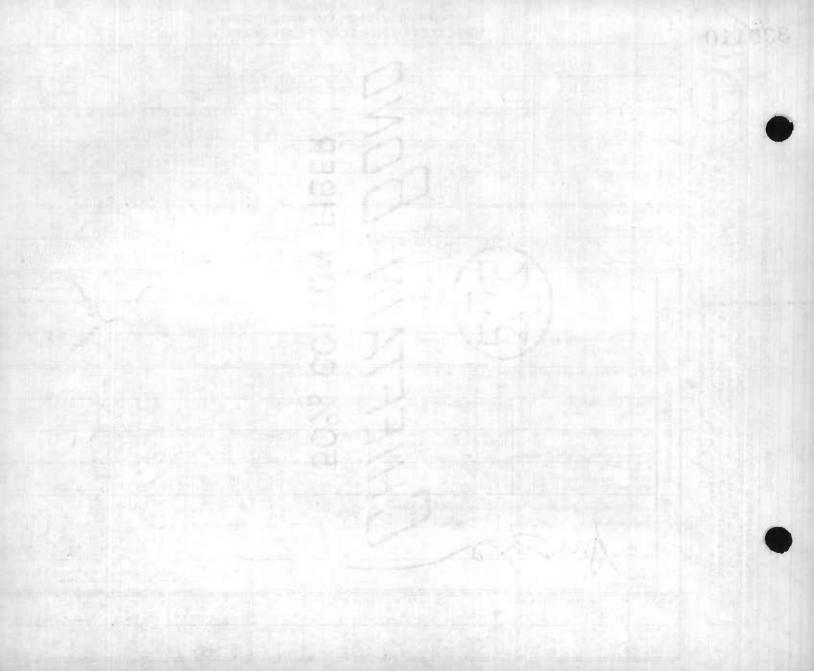
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	23	(SPI	CIFY)					23d. LOCA	OWN	COUNT		TATE
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2) COUNTY STATE and that in (my) (aur) apinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED should be a with the Sta 23a BURIAL, CREMATION, REMOVAL Oak Lawn Cemetery Limore Co., Md. Burial DHMH - 16 60M 7/ PA 1407 Old Eastern Ave (VRA 15, 4)

2h HOUR

12h KIND OF BUSINESS OR

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IF UNDER 24 HRS

1985

IF UNDER 1 YEAR

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PRESTON ST

DIVISION OF VITAL RECORDS.

MIDDLE

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DEPARTA	STATE OF HEAD CERTIFICATION		MENTAL HYG	IENE	REG. N	3	0	Rudonia.	/	U
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22x1 certify that (I) (this haspitul) attended your opinion death occurred on the date and hour and from the causes stated

77h SIGNATUR 21. DATE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF

HI NAME OF CEMETERY OR CREMATORY 23s BURIAL CRÉMATION, REMOVAL (SPECIF) 22b DATE CITE OR TOWN COUNTY Riverside Cemetery Norristown

| Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown | Norristown 11/15/1985 Pennsylvania Burial

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FOR

- STATE REGISTRAR DECEASED NAME

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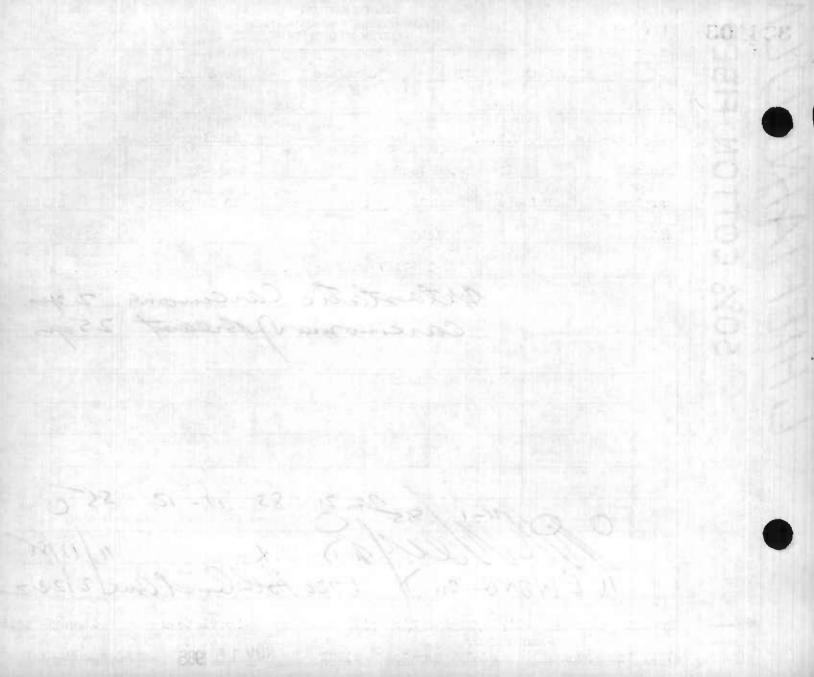
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Elizabeth

4 RACE

PUNERAL DIRECTOR Duda-Ruck, Inc. AUGUE Dundalk, Maryland 7922 Wise Avenue

STATE



324047	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL H FICATE OF DEATH	YGIENE S	3 0	1 7	1
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BP		SPECIFY) Rurial	Nov. 1	10 1095 6	ndan	s of Faith	Baltimore		COUNTY	STATE
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(VRA 15, 4)		Leonard J.	Ruck Inc	c. Baltime	ore, l	Maryland N	OV 18 物密			N. IF

T. Miles at Market Street, T. SILWORN) The section of the se 18 Hill Total Lie. Frank s. Lake c. 180 TO Blockwiller, Mr. orusid law will be shall see the best with the listent will be a server of some and of the area of the

- STATE

REGISTRAR

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

73c NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery

23d LOCATION Wood lawn

Baltimore Maryland

24 FUNERAL DIRECTOR LOTTING BYER'S FUNERAL DIRECTORS. Inc. 8728 Liberty Road Randallstown, Maryland 21133

1-20-85

250 PATERED DE STE PARTES OR CHISTRAIRS SIGNATURE

324062 LAST 76 DATE OF DEATH MONTH DAY DECEASED NAME 7h HOUR LTYPE OR PRINTS Mrs. Edna M. Dix November 18 1985 & AGE (IN YEARS LAST BIRTHOAY) 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS 3. SEX Female Caucasian September 18 1899 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OF FOREIGN MARRIED NEVER MARRIED Maryland USA Baltimore County 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B CITY OR TOWN OF DEATH 12ª USIIAL OCCUPATION 17h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore County General Hospital INDUSTRY Randallstown Hal COUNTY Baltimore Baltimore 134 INSIDE CITY LIMITS? 7201 Rockridge Hd. Maryland 21207 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Joseph Rawlings Betty M. Hyatt 17 Mrordinancis W. Dix ADDRESS 21207 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO NES NO OR UNKNOWN) HE YES GIVE WAR OR DATEST 213-28-3466 7201 Rockridge Rd. Baltimore Maryland APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and to PART I. DEATH WAS CAUSED BY: PULMONARY ARREST. IMMEDIATE CAUSE DUE TO, OR AS, A CONSEQUENCE OF SYNDROME. Conditions, if ony, which gove rise to immediate couse (a), stating the DMIC RENAL FAILURE underlying couse lost. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [71g. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PM 211 LOCATION 71d INJURY OCCURRED 71s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s.1 certify that (I) (this hospital) attegded the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the Vody after death 22c. DATE SIGNED DEGREE MA ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN [77e ADDRESS County ALENDRAK. SINGH 405017 A 73a BURIAL CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 4/B3 (VRA 15, 4)

Burial

379072	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
noy be poge 3 er death		CEASED NAME	MIDDLE	Ireh/er	REG. NO.	DAY YEAR 26. HOUR-
eder 4 moy	3 SE		RACE LOUG.	S. DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST GIRTHDAY) YRS.	IF UNDER 1 YEAR FUNDE 24 HRS MONTHS DAYS HOURS MIN.
A STATE OF THE PARTY OF THE PAR	-	IRTHPLACE (STATE OR FOREIGN COLINTRY)	76 CITIZEN WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED		MD. 12b. KIND OF BUSINESS OR
A CAN		TOUSON AL RESIDENCE IF NURSING HOME O	(1919) T IN SUCH FACILITY, GIVE STR HELLA HA ROTHER INSTITUTION GIVE RESIDENCE BEF	EET ADDRESS), KS HOSOICE ORE ADMISSION)	(TYPEOF WORK FOR MOST OF WORK NG	MEN INDUSTRY HOSP.
erely fill	0	ARYLAND BOLL ATHER'S NAME FIRST	MIDDLE LAST		M309 ST. SL	DARSTH HALL
nd cample ges I and cam		WAS DECEASED EVER IN U.S. AF	A-BILLOU RMED FORCES? 166 SOCIAL SE VE WAR OR DATES)	SLSA LILIA CURITY NO. 17 INFORMANT	ADDRESS	ROACH
ificate be o physician a naval.		PART I. DEATH WAS CAUSI	rily one couse per line for (a) (b), ED BY:	HASTATIC DISEASE	- See a den -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e death cert tatending move carbar ation, or rec		Conditions, if ony, which	DUE TO, OR AS A CONSEC		ing CANCER	
that the		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC			
been signe mit. Then p prior to bur ony injury, o	ATION	PART 2 OTHER SIGNIFICANT		O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED
N: The long strength of the st	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	Comments A 45 Comments	DAY YEAR 216 HOW INJURY OCCU		IFYING CAUSES OF DEATH? ES NO PART 1 OR PART 2)
HYSIC ading this cert bus cert bus cert ar there ar there	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE	All I	211. LOCATION	CITY OR TOWN	COUNTY STATE
DIN O O O O O O O O O O O O O O O O O O O		72s I certify that (II this hosp	ital catended the defeosed from		on death occurred on the date and ha	. 19 that (I) (we) ost our and from the couses stated
HOSPITAL CTEN ined by the naspital FUNERAL DIRECTOR IN be detached for un into State Dept. of He ORTANT: If Hem 21 is		77E SIGNATURE	37	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/26/85
TO HOSPITAL TO FUNERAL Should be determined by the Store With the Store		274 PHYSICIAN'S NAME THE		22e ADDRESS		
BP	R	BURIAL, CREMATION REMOVAL ISPECIFY) S.MOVAL UNERAL DIRECTOR	1236 DATE 1236 NOV 29 1985 S	C. NAME OF CEMETERY OF CREMATORY TO A PATOMY BOATES. D. 1250. D.	23d LOCATION RD BALT MRE ATE REC'D. BY REGISTRAR 250. REGIS	COUNTY MARYLAN
DHMH - 16 60M 7/B4 (VRA 15, 4)	5	VARS CHAPSI	OF CHIMS 2	325 YORK ROAD 4th		The state of the s

STATE OF MARYLAND

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1	-	FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	1	REG. NO			
	CE ASED NAME	FIRST		MIDDLE	L	AST	T			DAY YEAR	26. HOUR
(TYPE	OR PRINT)	Josep	h	V.	Donn	elly Jr.		Nou	1.22	1485	6 frm
3 SE	X	177	4 RACE	2794	5 DATE O		000	AGE (IN YEARS LAST BIRT	HDAY)	MUNDER I YEAR	IF UNDER 24 HRS
1	Male		Whit	e	fet	20 0	8	79	YRS	MONINS DATS	HOURS MIN.
		OR FOREIGN	16 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIE	9	BALTIMORE CITY OF	COUNT		
	Maryland	1200	U.	S.A.	WIDOWE			Baltimore	Count	СУ	MD.
10 C	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NUI	RSING HOME O	ROTHER INSTITUTIO	N I	120 USUAL OCCUPATIO			OF BUSINESS OR
1	Baltimor	е	701 W	J. KALLENYA	PETADOREM 21	.2		(TYPE OF WORK FOR MOST OF Budget Anal			of Ma
			OTHER INSTITUTION	GIVE RESIDENCE BI	EFORE ADMISSION)						of Md.
	ryland	Bal	timore	13¢ CITY OR T	OWN	YES NO D		701 Walker			
JA F	ATHER'S NAME		MIDDLE	LAST	Sr		ENNAME	E MIDDLE			
1	Joseph		V.	200	nelly	Anne		C.		Deva	
	WAS DECEASED EN			166 SOCIAL S	ECURITY NO.	17 INFORMANT	-	ADDRES	55		L. Care
(yes no or unknown	INF YES GIVE	TI DATES	212-10	7536	Bernardir	ne Do	onnelly 701	Walk	er Ave.	21212
	18 CAUSE OF DE PART I. DE ATE	ATH (Enter on	ly ane cause per	line for (a), (b)	and (c).)	- 0	2 0			BETWEEN	MATE INTERVAL ONSET AND DEATH
- 3	PARTI. DEAT		E CAUSE (0)	acul	i My	ocardial	done	met		mus	nter
			DUE TO, O	R AS A CONSE		0	0	1 -		1000	
	Conditions, if a		(ıb)_	alleri	relevat	a luc	leur	south ()	use	-	
	couse (a), st	ating The	DUE TO, O	R AS A CONSE	QUENCE OF						
	underlying co	iuse lost	(c)_								
7	PART 2 OTHER S	IGNIFICANT C	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	ETERMIN	NAL DISEASE OR COND	ITION GIV	EN IN PART II	o .
Ö		Cerel	rora	cular	Duse		CL 1	levent a	elra	Then	Mossi
CA	198 DATE OF OPE	RATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	206 IF YES	S, WERE FINDI	NGS USED
CERTIFICATION								YES NO	YE		№ □
CEI	210. ACCIDENT WAS		21b. TIME C	M. MONTH	DAY YEAR	21c HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY	Y IN ITEM 18	PART I OR PART 2)	
CAL	(IF EITHER NOTIFY A		10	M.	19						
MEDICAL	21d INJURY OCC	URRED	21e. PLACE	OF INJURY		211. LOCATION		CITY OR TOW	/N	COUNTY	STATE
Σ	WHILE NO NO AT	T WHILE WORK	(AT HOME ST	REET PACTORT OFF	ICE PARM EIC)	3					21414
175	220.1 certify that	(I) This hospit	al) ottended th	e deceased fro	m JAN	1 19.4	80	_ to NOV 2	22	19 81	that (1) (we) lost
	saw the deci	eased alve	Vov	166	9 85 on	d that in (my) (our) of	pinian de	eath accurred on the da	te and hav	r and fram the	causes stated
	226. SIGNATURE		view the body	oner death.		DEGREE				22t DATE	SIGNED
	Trace	er	Melza	1	MD	ATTEND	INGX	MEDICAL STAF		NOU	23 1000
	22d. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS	IAIV-	DIRECTOR PHISICI	AIV [_]	p 00.	7/190
- 3	Walte	er R. We	elzant,	M. D.		6100 Yor	k Rd	., Baltimor	e, M	21212	
	BURIAL, CREMATIC	ON, REMOVAL	23b. DATE	1	31 NAME OF C	EMETERY OR CREMAT	TORY	234 LOCATION			
B	urial		11/25	/85	Dulanev	Valley Ce	mt	COCKOTOWN		COUNTY	STATE
_	UNERAL DIRECTOR	?				25	Se DATE	REC'D. BY REGISTRAP 2	Sh REGIST	RAR'S SIGNAL	URE Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been

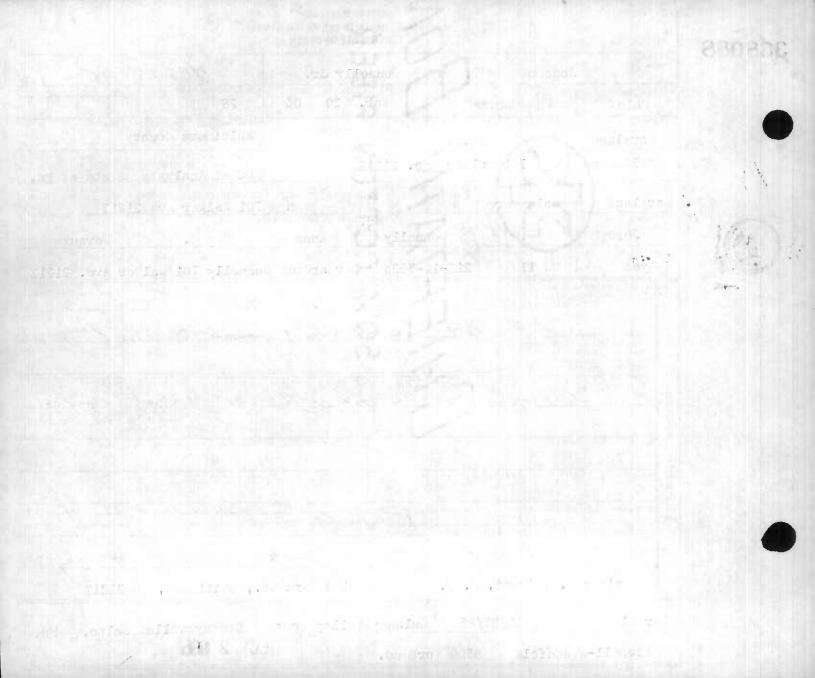
IMPORTANT If Hem 21 is marked or Hem 18 show

should be detached for use as with the State Dept of Health

Mitchell-Wiedefeld

6500 York Rd.

ULU 2 1500



			FOR STATE				MENT OF	HEALTH		ENTALH			3	0	1	1	j
. 31	7103		REGISTRAR		MEI		EXAMIN	ER'S	ERTIFIC	CATEO	F DEA		REG. NO		10		7,000
7	ET SS. SE		CEASED NAME E OR PRINT)	JUAN	ITA	MIDDLE		Po	RRIE	R	2	OF DEATH	MATED [МОМТН	5	19 55	0634
	PLEASE ECTOR R FILES. HOURS STREET,	3. SE)	Mar en	4 RACE	S DATE OF BIRTH	YEAR	6. AGE (IN YE		-	IF UNDER		C DATE	CED	MONTH	DAY	YEAR	2d HOUR
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	できる。		TY OR TOWN	OF DEATH	11 NAME OF HOS	PITAL, NU					12a USU	AL OCCUP	ATION (TYP		126 KIN	ND OF BU	JSINESS
	PATE		ndalk		2528 Mc	Comas	Avenu	ıe				ost of work Depen			ON	(INDUST	KY
201	O CAND	SUA Ua. S	TATE	IF IN HURSING HOME I	OR OTHER INSTITUTION, GIV ITY		OR TOWN	ON)	13d INSIDE CI	ITA FIWIAZS	13e. STRE	ET ADDRE	SS				
2	女名首の後		ryland	Bal	timore	Du	ındalk		YES 🗌	NO 🔯		8 McC	omas	Avenu	ie	212	22
E. MD	E REST	14. 17	FIRST		MIDDLE		LAST		F	R'S MAIDE			DDLE			LAST	
S S	War -			EVER IN U.S. AR			orrier CIAL SECURIT	Y NO.	17. INFORM	nirley	7		L.		lard	barg	er
ALT	A PAGE	No	ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	220	-82-51	23	1/2								
ON ST.	24 HOURS ITEM 18 LONG VII PERMIT SIENE, BN		18 CAUSE OF PART I DE	ATH WAS CAUSE		for (o), (b), ond (c).)	JIA							BETW	PROXIMATI VEEN ONSE	E INTERVAL T AND DEATH
TON	ITHIN 24 HO CIL IN ITEM 1 VER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.			IMMEDIA	TE CAUSE (a).			QF.		-				- In			
7	a in TS			is, if any, which		MASI	TIC (ERI	EBRA	L 17	765	4 6	UITH	+			
101 W.	DIED WITH IN PENCIL EXAMINER IAL - TRANS MENTAL ION, OR REA			stoting the under-		AS A CON	SEQUENCE		LADR	IPI_E	TAIA			1.5			
DS, 2	D: 782E		PART 2 OTNER SIG	SNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELA	NIEO TO THE TERM	_									
RECORDS,	BE EXE ENDING MEDICA AS A BU CREMA	Z		F-	URE T	0	TITRIL										
	SHOULD ORD "PEP NE CHIEF N	CERTIFICATION	19e. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPER	W MOITA	AS PERFOR	MED?				- 115	20 A	UTOPSY	?
OF VITAL	HE CHILL WENTON	E E	21g EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY		21c He	OW INJURY	OCCUPPE) LENTER N	ATURE OF IN II	IPV thi ITEM 191	DART I OR SAS		res 🗆	NOX
	G THE W TO THE HOULD ARTMEN		UNDERLYING	OR CAUSE OF	HOUR A.M.		DAY YEAR	2)	OCCORNEL	, (2,4,2,1,4,	1000 01 013	JK 1 34 11 EW 10 1	ran i On ran	11 21		
DIVISION	# S C S C C	MEDICAL	21d INJURY O	CCURRED	21e PLACE C	F INJURY	(ATHOME,		CATION	9.5		CITY OR TOW	(N	COL	YINL		STATE
۵	HIS ARE A SE	2	WHILE AT WORK	AT WORK			,					CITT OK 10 V		000	71414		SIAIE
	W St V	-	22a I certif	y that I took charg	ge of the remains desc	ribed obc	ove, held on	Autop	Бу □,	Inspection	X	Inquiry	On	d in my op	inion		
	EXAMINER: CERTIFICATE AULD BE FORI L DIRECTOR: I, WITH THE S MARYLAND,		death resulte	d from: Notu	ral couses 📉,	Accident	L, Su	icide	, Homic		Undeter	rmined mo	nner .			1	,
	HE DOUGH		ACTUAL SIGNATURE	J. Cuo	Han O	Do	nove		D DO	PECIFY	MEDIC	CAL EXAM	INFD	DATE	11	15/	85
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATI PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR; AFTER DEATH, WITH THE BALTIMORE, MARYLAND	100	EXAMINER'S	NAME T.C	LOSSAN	01	DONOV	AN	ADDRESS 2	412 3	undal	k Ave	. B.	Ub.	md	, 2	1222
	5XX 5AR	23 BI		ION, REMOVAL	23b DATE	23c. 1	NAME OF CE	METERY O	RCREMATO	ORY	23d LOC	ATION	#	COUN	4TY	Ç1	ATE
07/84 25M	BP		Bur	ial	11/8/85	St	. Paul	's L			Hai	ncock					yland
23/10	DHMH - 17	1	NERAL DIREC	Duda-F	Ruck, Inc.					NOV	US .	1985	PSW REGI	STRAIS S	GNAL	HOLENC	
	(VR A15 ME (5))	79	22 Wise	Avenue	Dundal	k, Ma	ryland	21	222	1103	00	www.		4			17

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OR DEPARTMEN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR			DEPAR		ICATE OF D	NENTAL HYGI EATH	IENE	REG.	NO.		
1		CEASED NAME ORPRINT)	MARGA		E.		SON		20 DATE	OF DEATH	MONTH 11 1	7 85	8 20A M
	1 569	Femo	1	Blace	'K	S DATE O		YEAR I	6 AGE (III	14	YRS	IF UNDER LYEAR	IF UNDER 24 HRS
1	74 816	Marylas	orforeign 7		S. A.	MARRIE WIDOWE		AARRIED D				TY OF DEATH	MD
6	iii ci	CHEVER		PRINCE	HOSPITAL, NURS	ING HOME C	AL HOSE	PITAL	(Type)OF W	LOCCUPA ORK FOR MOST	OF WORKING	LIFE INDUSTRY	of Business or,
7	13a. S	Md.	136 COUNT		Brandy	WN ,	13d INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS 410	/ 3	om Roc	rd 206,
1	16	Jeonge	Mi	Tton		son	15. MOTHER'S	SMAIDEN NAM FIRST CICCS	ME /	Var	V	Del	ancy
		VAS DECEASED EV (ES. NO OR UNKNOWN)		WAR OR DATES)	218-16		San	ah Wa	atso	ADØ	RESS S	AA	/
		18 CAUSE OF DE PART I. DEATH	ATH (Enter only 1 WAS CAUSED IMMEDIATE	CAUSE (a)	Sepular AS A CONSESS	cemic	a A	Septu	M	eniu	gitis	APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
		Conditions, if of gave rise to chuse to the underlying au	immediate	(18)	R ASTA CONSEO	10/1	feelo	lule	er.	left	les	3	
	NOU	Chos.	IGNIFICATOR DO	mal mal	Carles	C DEATH BUY	NOT RELATED	TO THE TERMI	INAL DISEA	ASE OR CO	NDITION	SIVEN IN PART 1	o
1	CERTIFICATION	Ne DATE OF OPE	RATION	196 COM	TION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AU	NO [IN CER	YES, WERE FINDING TIFYING CAUSES YES [
100	11311	ON CONTRIBUTING [CAUSE OF DEAT	21b. TIME O HOUR A. P.	M. MONTH	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER	nature of in	JURY IN ITEM I	8 PART (OR PART 2)	
	MEDICAL	AMERICAN CONTRACTOR	MRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE	E FARM ETC)	211 LOCATION STREET	N		CITY OR 1	OWN	COUNTY	STATE
		220 1 certify that	(I) (this hospite	. 111.	16.19	0		(aur) apinian d	, to	red on the	date and h	our and Iram the	that (I) (we) last causes stated
		724 SIGNATURE	/Ju	9	1	DMR	7	TTENDING PHYSICIAN [MEDICA DIRECTO	L ST.	AFF ICIAN [22c. DATE	SIGNED
		RISHA	AL S	SINGA	1		22e ADDRES	S					
	23 (8	BUR		11/21	85 3	ST. THE	EMETERY OR C	CH. CEN	u. Br	CATION ITY OR TOWN	IWINE	F. P.G.	Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Lastell adams, aquas co. Med 2060g

NOV 2 9 1885

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310099	1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYL EALTH AND ICATE OF	MENTAL HYG		REG. NO) [11
210022		CEASED NAME	FIRST		AIDDLE		AST		20 DATE OF D	EATH	MONTH DA	Y YEAR	26 HOUR
3 0 to CLY.	1111	Joh	n	1	MI	Dra	nchak		Novembe	r 3,	1985		12:30 A
è 20	3 SE			4 RACE		5. DATE O			6. AGE (IN YEAR	S LAST BIRT		UNDER TYEAR	IF UNDER 24 HRS
s of		Male	1000	Wh:	ite	11	17	1910	74		YRS.	DATS	HOURS MIN.
Poor Poor	7a 8	IRTHPLACE (STATE OR	OREIGN		WHAT COUNTR	Y? 8	- 1521 - 151/15D	MARRIED -	9. BALTIMORE	CITY OI		FDEATH	
16 25 ch	TI	linois	98	U.S.A.		WIDOWI		MARRIED	Baltimo	re (County		MD.
de fun		ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, NUR	SING HOME		The state of the s	120 USUAL OC	CUPATK	N		F BUSINESS OR
oy the	1	Rossville			in Squar		ital		Mainte			Md. S	t. Gov't
filled in by outd be file	USU 130	AL RESIDENCE (IF NURS STATE Laryland	13h COUN		GIVE RESIDENCE BEF 134 CITY OR TO Dunda	NWO	13d. INSIDE	CITY LIMITS?	134.STREET AD 1806	DRESS / Belle	ZIP CODE e Ave.	21222	
1 2 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14 F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER	'S MAIDEN NA		WIDDIE		IAS	st.
The de Car	4	John			Dranch		Mar					Varmes	CO
dicol dicol		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SE		17 INFORM			ADDRE			
M		Yes no or unknown)	IIWW	T WAN ON DAILS	212/10/	/2012	Mary	Drancha	k (Wife) (s	ame as		MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTII ING PHYSICIAN. The law requires that the death certificate be rattending physician. The this certificate has been signed by the attending physician as the burial-transit permit. Then please remave carbanpapers, ith and Mental Hygiene prior to burial, cremation, or remaval. orked or Item 18 shows any injury, or other traumatic event, the residual programments.	CERTIFICATION	Conditions, if ony gove rise to imicouse (o), stoling underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA	nediate ig (he last NIFICANT (DUE TO, O	R AS A CONSECT HEPATIC R AS A CONSECT ONTRIBUTING TO THE STORY WHITE THE STOR	OUENCE OF	NOT RELATE		20a AUTOP	SY?	206. IF YES, '	WERE FINDII	
VITAL The yscion ponsit by Aygen 8 show	4 1	21s, ACCIDENT WAS UN	SERVENCE F	7 21b. TIME C	E INTUIDY		Tale HOW/II	NUINE OCCUPI	YES ^	10 [X]	YES		NO 🗌
ON OF VI	MEDICAL CI	OR CONTRIBUTING (IF EITHER, NOTHY MEDI	CAUSE OF DE	HOUR A.	M. MONTH M.	DAY YEAR 19	ZIL LOCAT		KED (ENTERNATOR	E OF INJUR	Y IN ITEM IS PAR	TTORPART2)	
PHING PHING The big the big and A band A ced on	MEC	WHILE NOT WI	ort 🗍		REET, FACTORY, OFFIC	E, FARM, ETC.)	STREE			CITY OR TOV	VN	COUNTY	STATE
Afre alth		22s I certify that X		ital) attended th	e deceased from	10-4		19.85	to 11.	-3	10	85	that X (we) last
Ok ATTENION he haspital DIRECTOR: acked for us Dept of Hem 21 is in		enus the decore	ad alive on		10		DEGREE	ATTENDING	death occurred of	STAF	F		couses stated SIGNED
by the by the by the by the by the by the bed by the be	-	771 PHYYIC AN'S N	AME (Type (DE PRINTS	100	18	122e ADDRE		DIRECTOR	PHYSIC	IANES	111-3	-03
TO HOSPITAL of TO FUNERAL I should be deto with the Stole of MPORTANT; If		Roger M	ousha	bek, M.			900	0 Frank	lin Squ		Dr.	21	237
F 5 F 4 > 7	23u	BURIAL, CREMATION,	REMOVAL					CREMATORY	23d. LOCATI	TOWN		COUNTY	STATE
BP	L	Burial		11/6/	85	St. And	rew's	Cemeter	y Bal	timo	re, Ma	ryland	1
DHMH - 16 50M 4/83 (VRA 15, 4)		Valter Broo	ks Br	adley I	nc. Bal	to., M	1. 2122		V 04 19	85	756 REGISTRA	AR'S SIGNA	MENGEL BE

COCOLE

director, page 3 mpletely filled in by the funeral director. and 2 should be filed within 72 hours afte should be detoched for use as the buriol-tronsit permit. Then please rewith the State Dept of Health and Mental Hygiene prior to buriol, creating MPORTANT: If them 21 is marked or item 18 shows any injury, or other TO FUNERAL DIRECTOR. After this certificate has been

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

346007

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	IENE	REG. NO.		
	I DEC	EASED NAME FIRST	MI	DDIE	U	NS1 +	20 DATE OF D		DAY YEAR	26 HOUR
J	{ I Y PE	OR PRINT)	. 2 . 2				,,	0.4	1005	3.30
3	3 SEX		nklin 4 RACE	R. I	S. DATE O		NOVEM	ber 24.	1985	IF UNDER 24 HRS
	3 3EV	MI	- KACE		MONTH	DAY YEAR	11	-	MONTHS DATE	HOURS MIN.
	-	l'lale	Cauca	VIAN	Nou	24 1939	9	6 Y	RS 0 0	
0		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF W	HAT COUNTRY?	MARRIET	NEVER MARRIED	9 BALTIMORE	CITY OR COU	INTY OF DEATH	
7		Md	U.	S.	WIDOWE		Balt	imore C	ounty	MD.
	10 CI	TY OR TOWN OF DEATH				ROTHER INSTITUTION	120 USUAL OC	CUPATION	12b. KIND (OF BUSINESS OR
6	1	altimore	818 01	factity, give street at d North 1	Point	Road	Carpe	or Most of Worki	INDUSTRY	_
A	130 S	AL RESIDENCE (IF NURSING HOME OF CATE)		THE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET AD			123%,
-			timere	Vatting	ce	YES NO	818	019 1	brith Po	INT Ke
	14. FA	THER'S NAME	AIDDLE	LASD		15 MOTHER'S MAIDEN NAM		MIDDLE	ALA.	ST, a
0	2	Kobert	W	Duncan		Maybell		ADDDECC	H	itch_
1		VAS DECEASED EVER IN U.S. ARA	WED FORCES?	16b. SOCIAL SECUR	RITY NO.	17 INFORMANT	,	ADDRESS		
		Ves Lunki	rawn	211-56-	09.83	Hudrey to	oter	Berlin	3 Md	
1		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	BETWEEN	KIMATE INTERVAL I ONSET AND DEATH						
Ø.			E CAUSE (a)	Car	cer	of the	Lun		31	months
			DUE TO, OR	AS A CONSEQUE	NCE OF	1	•	,		
		Conditions, if any, which	((b)							
		gove rise to immediate couse (a), stoting the	DUE TO OR	AS A CONSEQUE	NCE OF					
		underlying cause lost.	DOE TO, OR	AS A CONSEGUE	4CE OI					
		PART 2 OTHER SIGNIFICANT C	ONDITIONS COL	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE O	OR CONDITION	GIVEN IN PART 1	(0)
	CERTIFICATION									
3	AT	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH (OPERATIO	WAS PERFORMED	200 AUTOP	5Y? 20b 1	F YES, WERE FIND	INGS USED
7	IF						YES T	40M	ERTIFYING CAUSE	NO T
Н	ER	71g. ACCIDENT WAS UNDERLYING	216 TIME OF	INJURY		21c HOW INJURY OCCUR			M IS PART I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEAT		. MONTH DA						
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.		19	211 LOCATION				
	MEC			ET, FACTORY, OFFICE FA	RM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
		AT WORK								
		220 I certify that (this haspit	ol) ottended the	deceosed from	-1-	7- 1074	, to	4-24	19	that (we) last
		saw the deceased alive on above, (1)(we) (did) (did no	view the body o	fter death		d that in (m) (our) opinion	deoth occurred	on the dote one		
		226. SIGNATURE	-			DEGREE	MEDICAL	CTAPE	22c DATE	SIGNED
		Myall	E,			ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	111-	25-85
		THE PHYSICIANES NAME ITHE	PRINTS		A IN 18	22e ADDRESS	TO THE P			
		Togo ATSPA	5			7020 Fact	Nero D	1+3	a wa	
-	23a B	URIAL, CREMATION, REMOVAL	23b DATE	173v N	AME OF	17838 Eastern	13d ADCATE		Md.	
	1	BITY 12	11 29	se to	14	1 7.	CITY OR	TOWN	coluity	A hale.
	24 FI	INERAL DIRECTOR	1// 27	03 14	1 Kmp	// A Mo KAT	ERESDANCE	ESTRABIOSMIRE	the same of the sa	TURE
	/	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Z MODRESS	24	200	9 163	gula	- Total	include .

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

	FOR STATE REGISTRAR			EALTH AND MENTAL HYGI	REG. NO.	3 0	1 / 7				
Ì	DECEASED NAME FIRST	MIDDLE		AST .	20. DATE OF DEATH	SONTH DAY YEAR	26 HOUR				
1	Elsi	e E.	DUN	ILAP	November 5	5, 1985	9:00 %				
	3 SEX Female	4 RACE White	Jan.	of Birth 31, 04 1888 EAR	6 AGE (IN YEARS LAST BIRTHI	MONTHS DAYS					
1	To BIRTHPLACE (STATE OR FOREIGN Maryland	76 CITIZEN OF WHA	T COUNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED DI	Baltimorecity or Baltimore		MD.				
1	Rossville 21237		ITAL, NURSING HOME C		120 USUAL OCCUPATIO	N 12b KIND WORKING LIFE) INDU STO	OF BUSINESS OR				
5	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 133 COUR Maryland 138 COUR		ESIDENCE BEFORE ADMISSION) CITY OR TOWN SEX	13d INSIDE CITY LIMITS?	13. STREET ADDRESS / 121 Back Ri	ZIP CODE Lver Neck R	d. 21221				
1	14 FATHER'S NAME FIRST Levi Flic	MIOOLE kinger	LAST	15. MOTHER'S MAIDEN NAM	essen		AST				
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES						
1	No	_ 22	20 48 2415	Marie Elizab	eth Dunlap,						
		TE CAUSE (o)	neumonia, B	ronchopneumon	ia	APPRO BETWEE!	DXIMATE INTERVAL N ONSET AND DEATH				
	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS	a Consequence of	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	ı.Volvulus				
	of cecum with	gangrene,	generalized	peritonitis,	secondary t	to obstruct	ive carcio				
5	of cecum with 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		FOR WHICH OPERATIO		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE					
V	RITI		ic flexure_		YES NOX	YES 🗌	NO 🗆				
	OR COLUMNIA CALLER OF DE	HOUR A.M.	MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2					
	OKCONINIBULING CAUSE OF DE-	N COUNTY	STATE								
	saw the deceased alive an above, W (we) (did) (did ex	220.1 certify that X (this haspital) attended the deceased from October 23 , 19.85 , to November 5 , 19.85 , that X (we) last saw the deceased alive an November 5 19.85 , and that in (by) (our) apinian death occurred an the date and hour and from the causes stated above, by (we) (did) (the earl view the body after death.									
	A. Pid	27% SIGNATURE DEGREE M ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN									
	A. Pidlaoa	ın, M.D.		7811 Wise A							
	230 BURIAL, CREMATION, REMOVAL	11/7/85		emetery or crematory	Baltimore		STATE				
1	Bouzdzinski Tune	red Home 1	407 Old Eas	tern Ave	V 0 6 1985	Sh. REGISTRAR'S SIGN	ALUMONE				

DHMH - 16 60M 7/B4 (VRA 15, 4)

retained by the hospital or

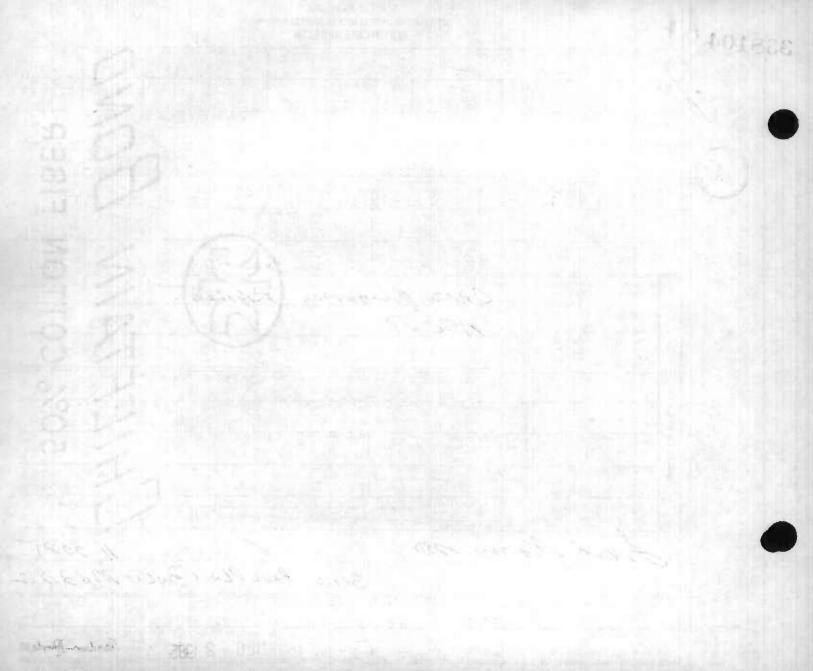
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TO HOSPITAL

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	n-English	and the state of the	Plantmer	tral
		- 01 101 (110)		

ingitimore Co., Nd.

Participation of the Cartery Ave. - There agrees Ave. -



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERT

IFICATE OF DEATH	REG. NO.		CELL
TERLY	20 DATE OF DEATH MONTH	30 - 85	26 HOUR
OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
17 23 1000	101	MONTHS DAYS	HOURS MIN.

4 RACE 1: 5EX I STATE OF FOREIGN

DORA

16 CITIZEN OF WHAT COUNTRY?

BALTIMORE CITY OR COUNTY OF DEATH

176. KIND OF BUSINESS OR

INDUSTRY

13c CITY OR TOWN

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 INSIDE CITY LIMITS?

13e STREET ADDRESS / ZIP CODE

1. FATHER'S NAME

FOR

- STATE

REGISTRAR I. DECEASED NAME (TYPE OR PRINT)

MIDDLE

136 COUNTY

15 MOTHER'S MAIDEN NAME

17 INFORMANT

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic

DIVORCED T

IMMEDIATE CAUSE (0) Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse lost

PART I. DEATH WAS CAUSED BY

DUE TO, OR AS A CONSEQUENCE OF

ATHEROSCIEROTIC CATTIONSCULAR DUE TO, OR AS A CONSEQUENCE OF

CBREBRO VASCULAR

YMARS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WELK

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED

PM

211 LOCATION

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT WHILE 220.1 certify that (1) (this hospital) ottended the deceased fram...

21e PLACE OF INJURY AT HOME STREET FACTORY OFFICE FARM ETC 1

226 SIGNATURE

saw the deceased olive an 10 ° ZS obove, (I) (was tidal) (did not) view the body and did not)

DEGREE

MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 12-2-85

Proce 22d PHYSICIAN'S NAME (RPRINT)

230 BURIAL, CREMATION, REMOVAL

LAVIN.

236. DATE

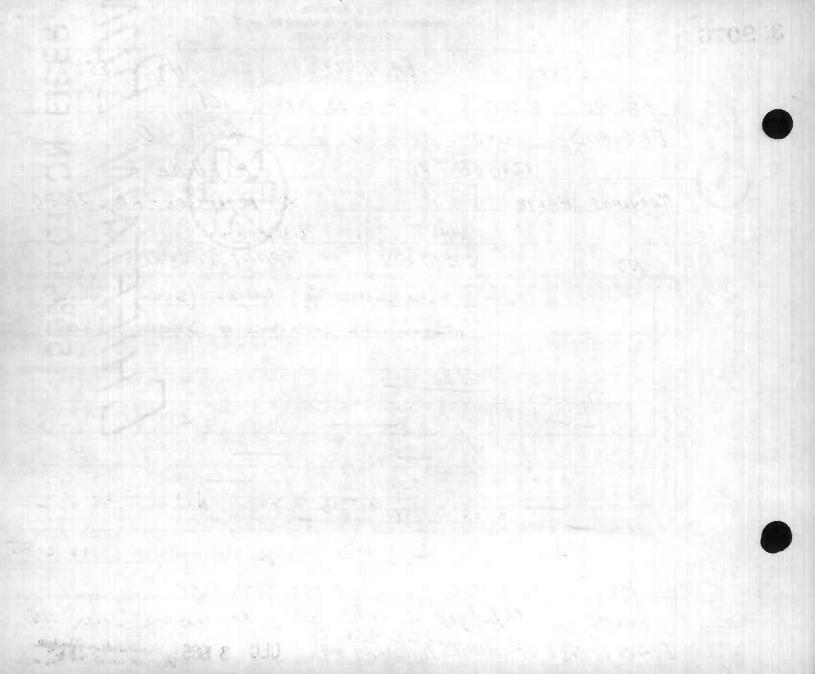
22e ADDRESS

23¢ NAME OF CEMETERY OR CREMATORY

and that in (my) (aux) apinion deoth accurred on the date and havi and from the causes stated

DHMH - 16 60M 7/84 (VRA 15, 4)

250. DATE REC'D



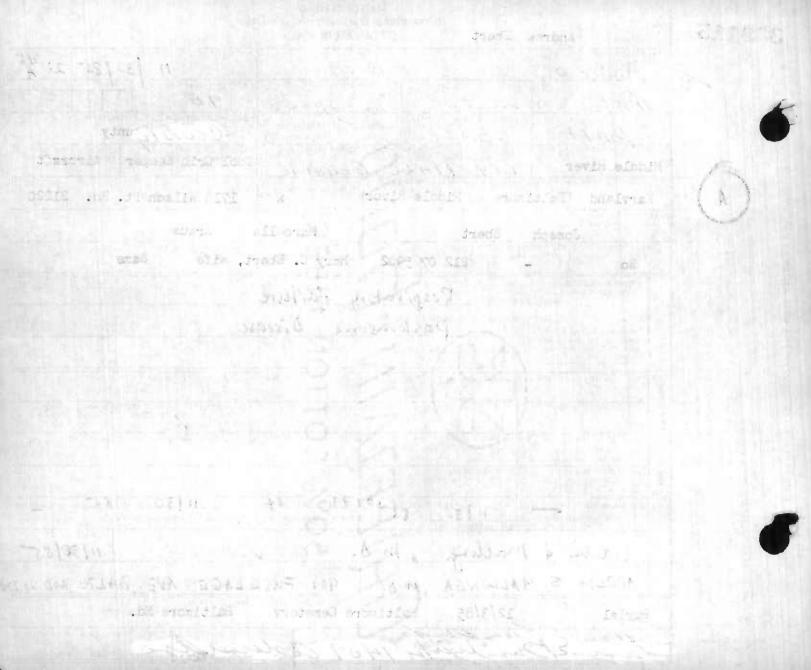
	eot	100	24
ARYLAND 21201	d within 24 hours after deat	pletely illed in by the year	THE PARTY COLLEGE
PRESTON ST., BALTIMORE, A	the death certificate be execute	the attending physician and cultiemave carban papers. Pages Illemation, ar remaval	er traumatic event, the medical
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after deatheroned by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cultiplier, filled in prificational should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal	IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other troumotic event, the medical grammer matters of
SINIG	TO HOSPITAL ATTENDING PHYSICIAN. The retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After to should be detached for use as the with the State Dept. of Health and	IMPORTANT: If Hem 21 is marked

318124 e decomposition of page 1

0424	1-	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5 3	0 1	8 2
OTY TO		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
be age 3	LIAME	OR PRINT)	rene	Fra	ances	Eb	augh	November 4, 198	85	8:00p M
may po	3. SE			4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
4 9	Fe	emale		White		Octo	ber 12, 1916	69 YRS		MIN.
6 Percol		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY OR COUN		
de Caras	Ma	aryland	90.	U.S.A.		WIDOWE		Baltimore Coun		MD.
offer d	T	TY OR TOWN OF DE DWSON		68 Acor	n Circle	ADDRESS)	DR OTHER INSTITUTION	12 MISTAL OCCUPATION (1111 CONTROL OF WORKING Coding Clerk	126 KIND O INDUSTRY Fed.	GOV't
illing in a second of the seco	13a S Ma	AL RESIDENCE IF NUR STATE aryland	136 COUN	other institution. ITY imore	GIVE RESIDENCE BEFORE 13c CITY OR TOWN TOWSON	ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CO 68 Acom Circ		4
1 12 790	14 FA	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LAS 2	51
P TO	Jo	ohn	S	tephen	Krajco		Agnes	Mary	Gaspar	ovic
nd ca		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
Pool Be	N)			215-22-	0136	E. Stewart	Ebaugh same as		
h certificate ding physici corban papei or remaval		18 CAUSE OF DEAT PART I. DEATH V		E CAUSE (a)	Acute V	120	andial in	farction		IMATE INTERVAL ONSET AND DEATH
deat other shan,		Conditions, if any	, which	(ıb)_	Motorio	6) .	of Cardio	in what oh from	u ge	m,
that the d by the ease rem ol, crema		gave rise to im cause (a), stati underlying cause	ng the	DUE TO, O	R AS A CONSEQUE	-	ertensin		1ge	
requires en signec Then pl or to buri injury, o	NOIL	PART 2 OTHER SIG						inal disease or condition (
The low ton. the has been to permit piene price price.	CERTIFICATION	190 DATE OF OPERA		19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO NO IN CER	YES, WERE FINDIP RTIFYING CAUSES YES	
iclan. Physic ertificate iol-trans nital Hyger em 18 sl		210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEA		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART ORPART 2)	
G PHYS offendin offer this c s the bur ond Me	MEDICAL	21d. INJURY OCCUR	HILE 🗀	21e PLACE (AT HOME STI	OF INJURY REEL FACTORY, OFFICE, FA	ARM ETC)	2) LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TENDIN pital ar TOR. Aft for use a of Health		22s.1 certify that (I	ed alive on	attended th	19	85,0	nd that in (my) (our) apinion	death accurred an the date and h		that (I) (we) last
hose hose tept.		226 SIGNATURE	, A	/	diler dedili		DEGREE		22t. DATE	SIGNED
Al D Al D detoc		Yhu	51	m	tun	2	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11-	5-85
SPIT d by NER be e St		22d PHYSICIAN'S N	-			OC. I	22e ADDRESS			
etoined by TO FUNERA should be de with the Stol		Nichola	as J.	Fortuin	, M.D.		9 E. Ch.	ase Street Balt	imore, M	arvland
of of shoot with the shoot of t	23a E	BURIAL, CREMATION	, REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP		urial		Nov. 4	, 1985 Ho	ly Re	deemer Cemete	ry Baltimore,	Maryland	STATE
DHMH - 16 60M 7/B4	-	UNERAL DIRECTOR						E REC'D. BY REGISTRAR 250 REG	ISTRAB'S SIGNAT	
(VRA 15, 4)	W	alter Broo	ks Br	adley,	Inc. Dund	alk,	MD 21222 NU	1 2 1985	- Gardsor-f	anicy and

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379115			Andrew	Eber		PARTMENT OF	TE OF MARYLAN HEALTH AND MI FICATE OF DE	ENTAL HYGIE	REG. N		; 3	v
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oge 4	1.0	MA/e RIHPLACE		Whe CITIZEN OF		MON	2-2/-	O8	96 BALTIMORE CITY O	YRS		HOURS MIN.
merol d		COUNTRY	to.	US.	A	MARRI WIDOV	ED NEVER MA	ARRIED	Baltimo			MD
500		ity or town of dealed leddle Rive:		IF NOT IN SUI	CH FACILITY, GIVE	OURSING HOME ESTREET ADDRESS) ALC	Gerint	2.5	TOOL OCCUPAT	Keeper	12b. KIND OF	BUSINESS OR
(A)	13a.	AL RESIDENCE (# NURS	Balti			E BEFORE ADMISSION	YES T		3e. SIREEI ADDRESS	son Pt.	Rd.	21220
MARK! WAR			oseph	Ebe:				arcella	Kraus		LAST	
MORE.	160 \	VAS DECEASED EVER YES, NO OR UNKNOWN)		WAR OR DATES)		1 5902	Mary (t, Wife	Same		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The discount of the control of the cont	N	Conditions, if any gove rise to improve (a), static underlying cause	mediate ng the last.	DUE TO, C	OR AS A CON	SEQUENCE OF		Diseas	NAL DISEASE OR CON	IDITION GIVEN	IN PART 1(a)	
No be to re	CERTIFICATION	190 DATE OF OPERA	TION	19b COND	ITION FOR W	VHICH OPERATI	ON WAS PERFORM	MED	200 AUTOPSY?		VERE FINDING	
NG PHYSICIAN otherwise the buriel-from os the buriel-from os the buriel-from th and Mentel by orked or frem 18 gr	MEDICAL CER	21a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOT WAT WORK	CAUSE OF DEAT	P 21e. PLACE	.M. MONTI .M. OF INJURY	H DAY YEAF 19 DEFICE, FARM, ETC)	21f LOCATION		D (ENTER NATURE OF IN)L		OR PART 2)	STATE
ITAL OR ATTENDI by the hospital or RAL DIRECTOR: A edetached for use state Dept of Heal		22a I certify that (I) sow the deceas above, (I) (we) (: 22b. SIGNATURE Adula 22d. PHYSICIAN'S N.	ed alive on did) (did not	Mall R PRINT)	ofter death	67.1	DEGREE ATI	TENDING .	MEDICAL STA	FF		GNED
share share	23a.	ADELIA BURIAL, CREMATION, BUTIAL		1 ALLO		M.J. 23c NAME OF Baltim	GOI CEMETERY OR CR	EMATORY	LAGE /	FVE.B.		MD 213
BP DHMH-16 30M 2/80 (VRA 15, 4)	DI BI	Min Puctor	3.7	Luc	the	he		Dsa DATE	REC'D. BY REGISTRAR	25h REGISTRA	R'S SIGNATUR	

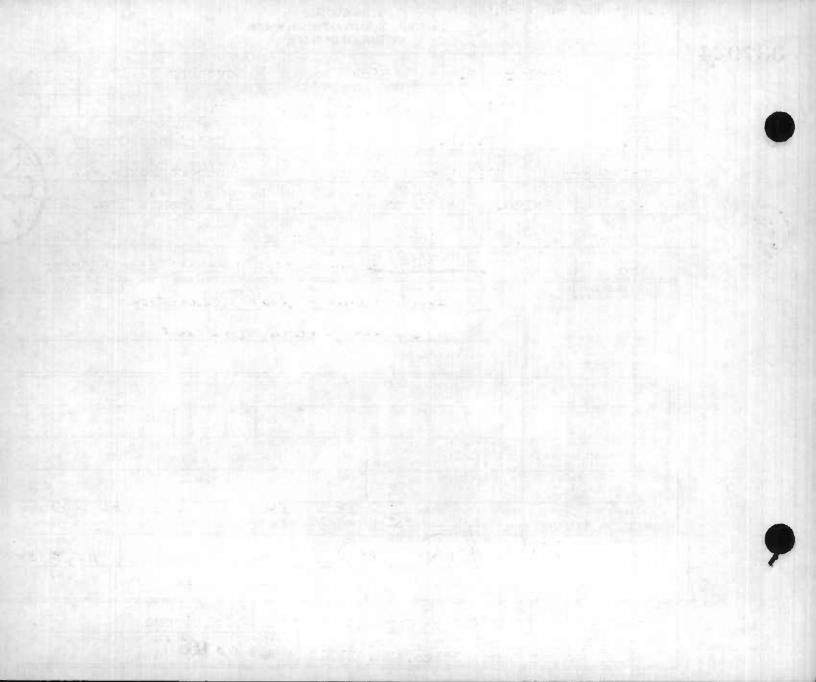


oy be	TYPE	ORPRINTI Franziska A. Eder	11 - 14 - 85 12:25 Am
ge 4 mor	3. SE)	EMALE White 01 16 04	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN.
recoth Po		RTHPLACE ISLATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED TOWNSRY) U.S.A. WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH TOWSON, MD.
by the tu	1	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACH ITY, GIVE STREET ADDRESS) HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORDOR MOST OF WORKING LIFE) INDUSTRY
house de la company de la comp	13a S	AL RESIDENCE (IF NURSING HOWE OR COME TITUTION STATE TO THE TOTAL	130 STREET ADDRESS ZIP CODE 6401 N. Charles St.
S. 2 /3	14 FA	Anthony Eder Maria	ME MIDDLE LAST Sirt1
Poges 1		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS a Catina, 6401 N. Charles St.21
physicia physicia emoval event, the		18 CAUSE OF DEATH Enter only one cause per line for roll, b), and roll PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ALD CL	70 10
if the death ce y the attending e remove carb cremation, or r ther traumatic		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF UNDERLYING CONSEQUENC	large bowel 16 hrs
quires tho	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION GIVEN IN PART 110
The law re ton.	CERTIFICATION	100 DATE OF OPERATION IN COMMITTION FOR WHICH OPERATION WAS DERFORMED NOTE. DOWN WAS DEFFORMED NOTE.	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SKIAN og physic certificati rial-trans		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ottendir ster this ste bu h and M	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FARM ETC.) 216 LOCATION STREET	CITY OR TOWN COUNTY STATE
ENDIN Follow Health		220 I certify that (I) who has place on the head of the decreased from 19 on that in (my) opinion of the head of the head of the decreased from 19 on the head of	death occurred on the date and hour and from the causes stated
2 0 0 0			
At Directed for Street of T H Hem 21		DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN
HOSPITAL STATE OF THE POSPITAL OF THE POSPITAL DIRECTORNIA DE DETOCHED FOR THE PORTANT IN NEW 21			
A T Bergar	23a B	ATTENDING PHYSICIAN DE 220 ADDRESS	

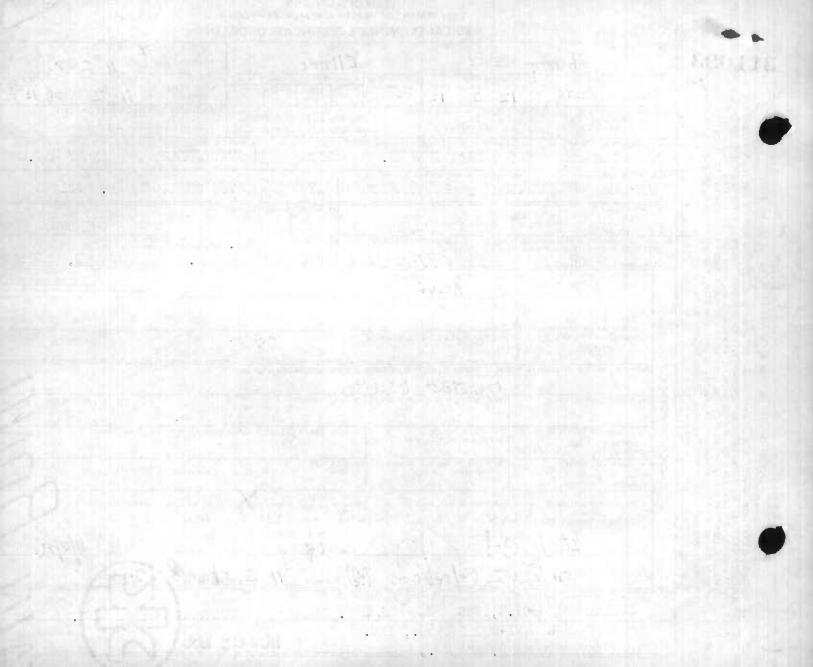
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO.

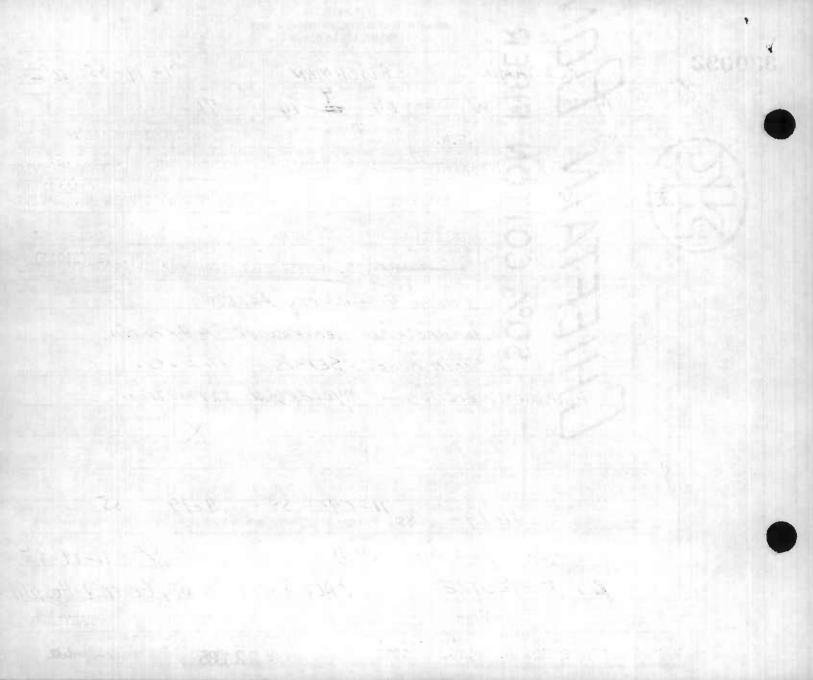
STATE OF MARYLAND



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(VRA 15, 4)

Connelly Funeral Home 300 Mace Ave. 21221

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 324102 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH 26 HOUR [TYPE OR PRINT] COSEMARIE 10 511 4 RACE & AGE LIN YEARS LAST BIRTHDAYL IF UNDER I YEAR 3 SEX 5. DATE OF BIRTH BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Maryland DIVORCED [awson WIDOWED 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Maryland Baltimore Woodlawn NO X YES T 6714 Windsor Mill Rd. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Vincent Faloni Setinski Agnes 160 WAS DECEASED EVER IN U.S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATES) 213-32-8086 Mr. Frank J. Esposito Same as #13E 18 CAUSE OF DEATH :Enter only one cause per line for io , (b), and ic
PART I. DEATH WAS CAUSED BY: EPTIC L PERFORATION Conditions, il any, which gave rise to immediate cause (a), stating the TON AL HEGA COLON cause last underlying TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPER TION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIFETHER NOTIFY MEDICAL EXAMINERS 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET CITY OF TOWN STATE (AT HOME STREET FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) was marphal attended t g deceased from deceased alive an and that in (my) tour) apinion death occurred on the date and have and from the causes stated view the bady after death 226 SIGNATU DEGREE ATTENDING PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial CITY OF TOWN 11-18-85 Moreland Baltimore, Maryland 250 DATE REC'D BY REGISTRAPISS REGISTRAP'S SIGNATU 24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Md.

STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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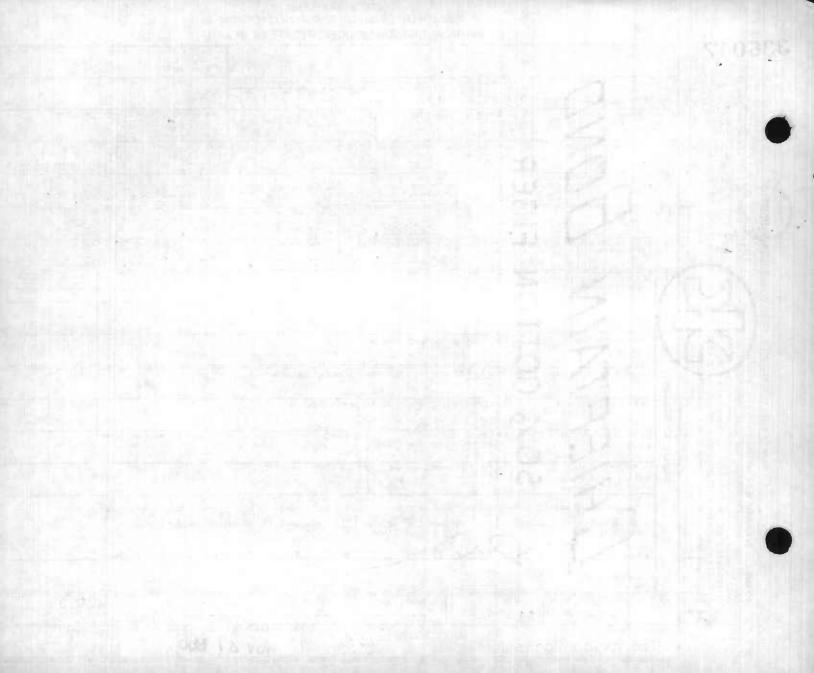
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DHMH - 16 60M 7/B4 (VRA 15, 4) . hat made made will will be districted the

Nov. 6, 1989 | Danie Biogo Cometony Divorville, Belin., 16. 44.

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319135

FOR - STATE REGISTRAR DECEASED NAME

MALE

BIRTHPLACE

LIYPE OR PRINTS

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 DATE OF BIRTH

WIDOWED

04 - 06 - 38

MARRIED NEVER MARRIED

CERTIFICATE OF DEATH

	PFG. NO.				
	20 DATE OF DEATH MONTH	DAY	YE AR	26 HOL	IR
	WHXNEXXX 1	1-08	3-8	11	24
	6 AGE (IN YEARS LAST BIRTHDAY)	JF UNDE	RIYEAR	IF UNDER	24 HR5
	47 YRS	SHINOM	DAYS	HOURS	MIN.
П	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
	BALTIMORE CO	UNR	r		AAF

TOWSON

136 COUNTY

BALTO

I STATE OR FOREIGN

BERNARD FELKOSKI

JOSEPH HOSP

TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Electronic Component Assembler

FEATHER'S NAME

IMMEDIATE CAUSE (a) ALUTE

WHITE

Th CITIZEN OF WHAT COUNTRY?

Felkoski 166 SOCIAL SECURITY NO.

Perry Hall

Amelia 17 INFORMANT

15 MOTHER'S MAIDEN NAME

YEAR

DIVORCED [

MIDDLE

13e STREET ADDRESS / ZIP CODE

DARBYTOWN

Zamareki

126 KIND OF BUSINESS OR

IM WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 56-60

PART I. DEATH WAS CAUSED BY:

215-38-7729 CAUSE OF DEATH Enter only one couse per line for ioi, (b), and ic

Canditions, if any, which gave rise to immediate cause to, stating the underlying couse lost.

Arteroscierate dascular Diskon DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI. SN IN PART 1 IG

MYOCARDIM

190 DATE OF OPERATION

216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

YES NOT 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.)

211 LOCATION

916

DEGREE

CITY OR TOWN

COUNTY STATE

220 1 certify that (1) this hospital attended the deceased fram_ sow the decease alive on obose, (i) we did (did no view the body after death

NOT WHILE

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

ATTENDING

MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and have and from the causes stated

200 AUTOPSY?

22c DATE SIGNED

77+ ADDRESS

JUER OR 23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15. 4)

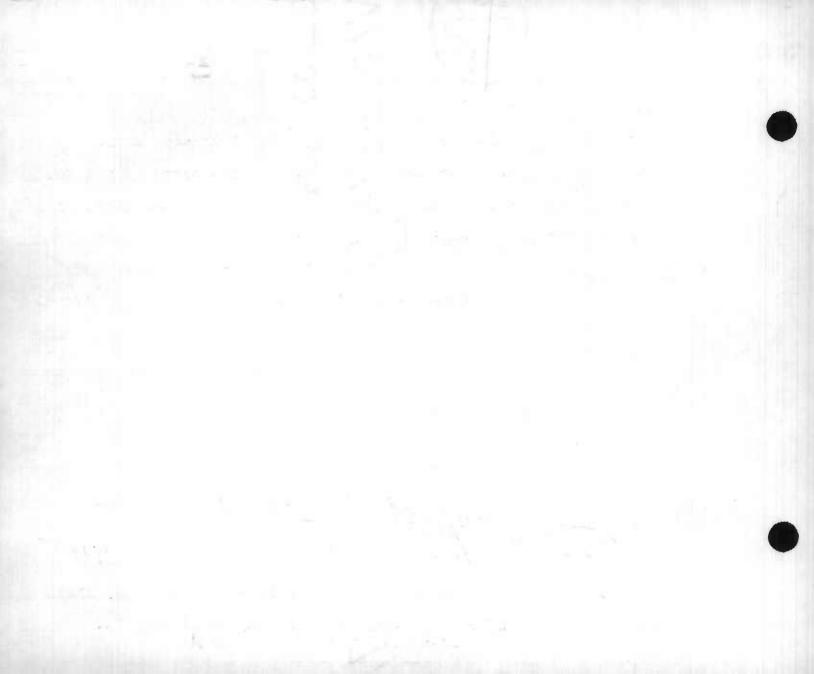
230 BURIAL CREMATION, REMOVAL Burial

Nov. 11.1985 St. Stanislaus Dundalk

Balto.

24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland 250 DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Land sounds appear

3101331 - 3 - 4 - 4 - 4 - 4 Marit ex-us-11 areas with well-some a browning at the south Interest to be a sectionary of one friends and the Party it was .tuc .sa Dett alla feure Leanachd. Diet Inc. 38111 805, Henriani



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	ARY PLE LORECTE YOUR FIL TON STRE	Table 1			5. DATE OF BIRTH MONTH DAY May 14 The CITIZEN OF WH	1964	21 YRS.			OUNCED DEAD	MONTH 11		YEAR 1985	8:45 p. A
•		N PO	REIGN COUNTRY) Aryland TY OR TOWN OF DE	ATH	USA	PITAL, NUR	MARR WIDOV SING HOME, OR OTH		RIED 🛄	altimore cit	e Cou	nty,	ND OF BU	
6	A SERVICE SERV		Cockeysvi		ROTHER INSTITUTION, GI	d. eas	st of Beav	erdam Rd.	Groom	10		H	orse arm	
6	136	14 F/	aryland ATHER'S NAME FIRST	Balti	more	Spa	rks	YES NO X	2105	String	town I	ld.,	211 !	
ALTIMORE	NE PACE NE PACE H FOOR	16e. V	Alvin Vas deceased ever es, no, or unknown) No				Fendlay AL SECURITY NO. -78-1484	Edna 17. INFORMANT Lana S.	Kyger.	Mae ADDRI			ger	
ON ST., B.	24 HOURS ITEM 18 G LONG WIT PERMIT PI VAL	>	18 CAUSE OF DEA PART I DEATH V	AS CAUSED	E CAUSE (a)	for (a), (b), Multi	^{and (c).)} ple Injuri		21161			AP	PROXIMATE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON	PENCIL IN MINER AI - TRANSIT ENTAL HY OR REMO		Conditions, if gove rise to couse (a) statin lying couse last	immediate the under-	(b)	200	SEQUENCE OF							
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DIVISION	NUMER: THIS CRITIFICATE SHOU FICATE, WRITING THE WORD." E. FORWARDED TO THE CHIEF F. TTOR: AGE 3 SHOULD BE USE 1 THE STATE DEPARTMENT OF I DAND, 21201 RRIOR TO BURIAL	MEDICAL	UNDERLYING AT WORK	CAUSE OF D	21e. PLACE C STREET, FACT	11-	9 1985 Ope (AT HOME, 21f. LO	rator of m	noped im	pacted struc	a Jee	p ar	id wa i er a ito.	STATE CO.,
•	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CRITIFICATE, WRITI PAGE A SHOULD BE FORWARDEI TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYDAND, 21201 F		22a I certify that death resulted from	M	e of the remains designal couses	Assident	XX Suicide	, Homicide	Undetermine		ond in my o		Md.	0.5
	MEDICAL GECUTE THE AGE 4 SHO FUNERAL STER DEATH		EXAMINER'S NAME (TYPE OR PRINT)		nis F. Sm		M.D.	D Assistar					2120	
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	DHMH - 17 (VR A15 ME (5))		NAME	Clary	10 W. H	Padon	ia Rd. 210	11011	3 1985	STRAR ZOE RE	GISTRAR'S	Chal	JRE.	4

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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 25 HOUR THRE OF HEAT 3.5EX 6 AGE (IN YEARS LAST BIR HUAT 5 DATE OF BIRTH MONTH 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY owso WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ITT OF TOWN OF DEATH 12a USUAL OCCUPATIO 126 KIND OF BUSINESS OR GIVE RESID NCE BEFORE ADMISSION SHAT HE SELF NOT LIF NURSING HOME OR OTHER INSTIT DE STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / IL FATHER'S NAME MIDDLE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (IF YES GIVE WAR OR DATES) RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ia), (b), and ic PART I. DEATH WAS CAUSED BY Minutes ignalge IMMEDIATE CAUSE (0) nomina Metastatic carcinoma Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF NJURY IN ITEM 18 PART I OR PART 21 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) STREET WHILE NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from and that in (my (aur) apinion death occurred an the date and have ond from the causes stated (did not) view the bady after death 226 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRIN 22e ADDRESS St. Joseph's Hospital 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE GAITO-24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84

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DHMH - 16 60M 7/84 (VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

250 DATE REC'D. BYRE TO R 256. REGISTRAR'S SIGNATURE

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318047,		CEASED NAME OR PRINT) Mis	FIRST S_Ire	ene F.	Fletc		AST		November 9		2045 M
ctor. pc	3 SE	male		4 RACE		S DATE (6 AGE (II	YE ARE LAST BIRTHDAY)	MONTHS DA	Local Designation of the Control of
4 50 F	7a BI	RTHPLACE (STATE OR I		76 CITIZEN OF		RY? 8 MARRIE	D NEVER MARRIED	9-BALTIM	ORE CITY OR CO	UNTY OF DEATH	1
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	USU	ndallstown AL RESIDENCE (IF NURS TATE	13b COUP	OTHER INSTITUTION			Hospital		ADDRESS / ZIP		-US Govt.
17/5	-	THER'S NAME	Baltir	middle	Randa]	lstown	YES NO X		innamon Cir	cle Apt 10	C 21133
e executed nond comp	160 V	ARLES Thomas	IN U.S. AR		166 SOCIALS	ECURITY NO.	Mary T. Lyr	Sachs	ADDRESS		21133
cote be copers. Po opers. Po ovel.	NC	I CAUSE OF DEAT PART I. DEATH W	H (Enter or	nly ane cause per	577-60		23 Cinnamor	Cir, Api	t 1C Randa		Maryland ROXIMATE INTERVAL EEN ONSET AND DEATH
rres that the death cert gned by the attending I n please remove carbor burial, cremation, or rer ry, or other troumatic ev		Canditions, if ony, gave rise to immade to immade to immade the cause of the cause PART 2 OTHER SIGN	which mediate ig the last	(b)	R AS A CONSE	DLA A EQUENCE OF ALMA	TO PIG A	AL LA	SE OR CONDITION	N GIVEN IN PAR	Ho
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G PHYSICIAN: offending physic er this certificate is the buriol-trans and Aental Hygicked or Item 18 s	MEDICAL CE	210. ACCIDENT WAS UNIT OR CONTRIBUTING 6 1 (IF EITHER, NOTIFY MEDH 21d. INJURY OCCUR! WHILE 6 NOT WAS AT WORK AT WORK	CAUSE OF DEA	HOUR A. P. 21e PLACE	M. MONTH M.	19	211 LOCATION STREET	URRED (ENTER	CITY OR TOWN	M 18 PART I OR PART	2) STATE
OR ATTENDING e hospitol or of DIRECTOR Afti oxhed for use os Dept. of Health Hem 21 is mort		220 I certify that (I) saw the decease above, (I) (we) (c	(this haspi			8, ar	nd that in (my) (our) opini			d hour and fram	
HOSPITAL sined by th FUNERAL sold be dett		THE P	UNIT (TYPE C	PRINT) C	2760 m.n	7	ATTENDING PHYSICIAN 220. ADDRESS	REDICA DIRECTO	PHYSICIAN D	BEN	1 4055
BP		URIAL, CREMATION,	REMOVAL	236 DATE 1-13-85		St. Mary	EMETERY OR CREMATOR		CATION TY OR TOWN	county Pr George	STATE Marria Marria

DHMH - 16 60M 7/B4 (VRA 15, 4)

Brial 1-13-85 St. Mary's (
24 FUNERAL DIRECTOR LOring Byers Funeral Directors, Inc.
8728 Liberty Road Randallstown, Maryland 21133

Laurel rel Pr. George Maryland

By REGISTRAR 256. REGISTRAR'S SIGNATURE 250. DATE REC NOV

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Fry Godenstlangiand

STATE OF MARYLAND

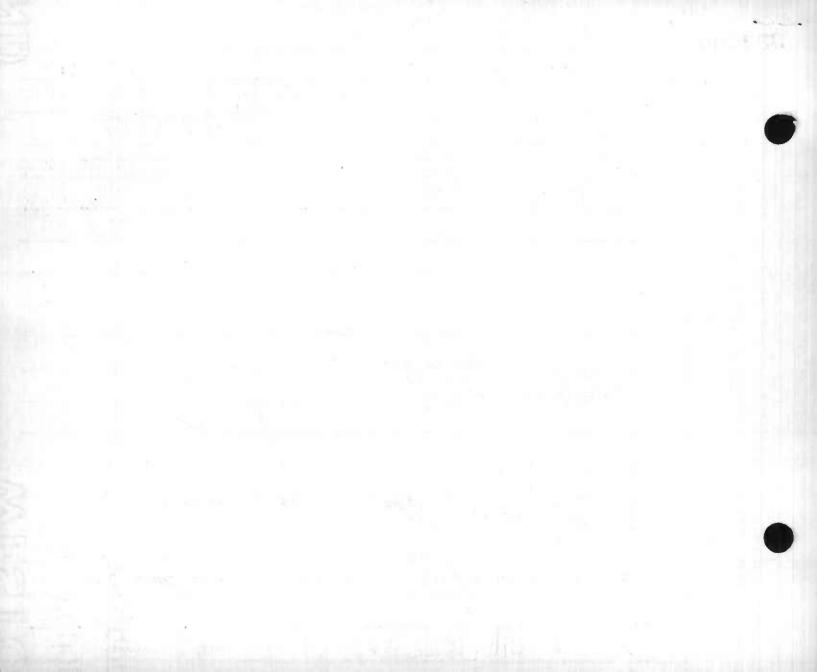
Alta Marie Foard

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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ad in by the funeral director, page 3 die tied within 72 hours ofter death

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

RE	G.	N	0

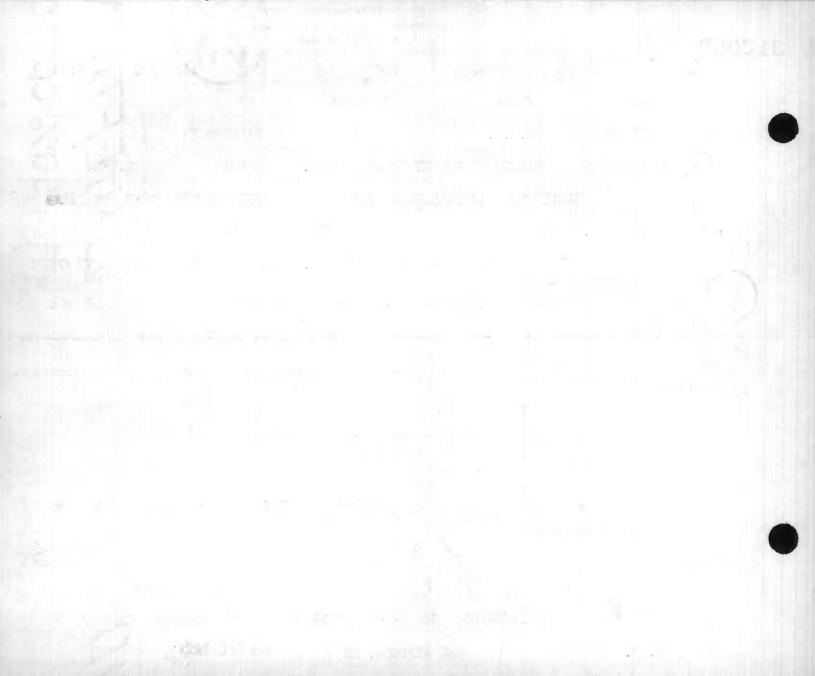
1			MIDDLE.		REG. N	MONTH DAY	YEAR 2h F	11011
		PEASED NAME FIRST JESSE	EMANUEL	FOCLEGLE	24. 01.11. 01. 04.11.	/01/85		OA OA
3.	SEX M		WHITE	S. DATE OF BIRTH OTYO1/00 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI		NDFR URS
		THPLACE (STATE OR FOREIGN RYLAND	U.S.A.	MARRIED WEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY C BALTIMORE	R COUNTY OF D	EATH	
		DALLSTOWN	BALTIMORE COUNTY	GENERAL HOSP.	120 USUAL OCCUPAT	OF WORKING LIFE	N. KIND OF BUS PUCTRY	SINE
	o S		OROTHER INSTITUTION, GIVE RESIDENCE BEFOR		451STRETROBUSES	ÓN ROAD	211	33
1		THER'S NAME HARLES H. FOGL	E IDDLE LAST	ELIZABETH			LAST	
) N		(AS DECEASED EVER IN U.S. A ES, NO OR UNKNOWN) MOES, G	RMED FORCES? 166 SOCIAL SECTION WAS ORDATES) 212-09-42	98 BRENDA N. DEL	L 18	22 PINE SEVE	GROVE C	COU
F		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), an SED BY: ATE CAUSE (a)	· 11	ein.		APTROXIMATE BETWEEN ONSET	AND
		gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQU	IENCE OF	C.V.A.			
	NOI	couse (a), stating the underlying cause lost	(c)	DEATH BUT NOT RELATED TO THE TER		DITION GIVEN IN	PART Ital	
7	TIFICATION	couse (a), stating the underlying cause lost	(c) CONDITIONS CONTRIBUTING TO			20b. IF YES, WEI	RE FINDINGS I	DEAT
11. 1	CERTIFIC	couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED	MINAL DISEASE OR CON 20a AUTOPSY? YES NO	20b. IF YES, WEIN CERTIFYING	RE FINDINGS I CAUSES OF E	DEAT
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11. 1		COUSE (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D [IF EITHER, NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMIN 21a INJURY OCCURRED WHITE NOTIFY MEDICAL EXAMIN 21a INJURY OCCURRED SOW the deceased alive or obove. If (we) (did) (did and obove. If (we) (did) (did and obove.)	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, pital) ottended the deceased from the policy of	DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET 19 DEGREE ATTENDING PHYSICIAN	MINAL DISEASE OR CON 20a AUTOPSY? YES NO REPORTED CHYOR TO THE CONTROL OF THE C	20b. IF YES, WEIN CERTIFYING YES DIRY IN ITEM 18 PART I C	RE FINDINGS OF CAUSES OF END	S (v
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this

TO HOSPITAL OR ATTENDING PHYSICIAN: The law



DHMH - 16 50M 4/83 (VRA 15, 4)

24. FUNERAL DIRECTOR ELTINE FUNERAL HOME , REISTERSTOWN MO. NUV

BURLAL

23s. BURIAL CREMATION, REMOVAL

73b DATE

25

73d LOCATION

731 NAME OF CEMETERY OR CREMATORY

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE الم الم المنافقة المال المالية المنافقة المنافقة

1% DATE SIGNED

COUNTY

YEAR

26 HOUR

12h KIND OF BUSINESS OR

BEVERLY RD.

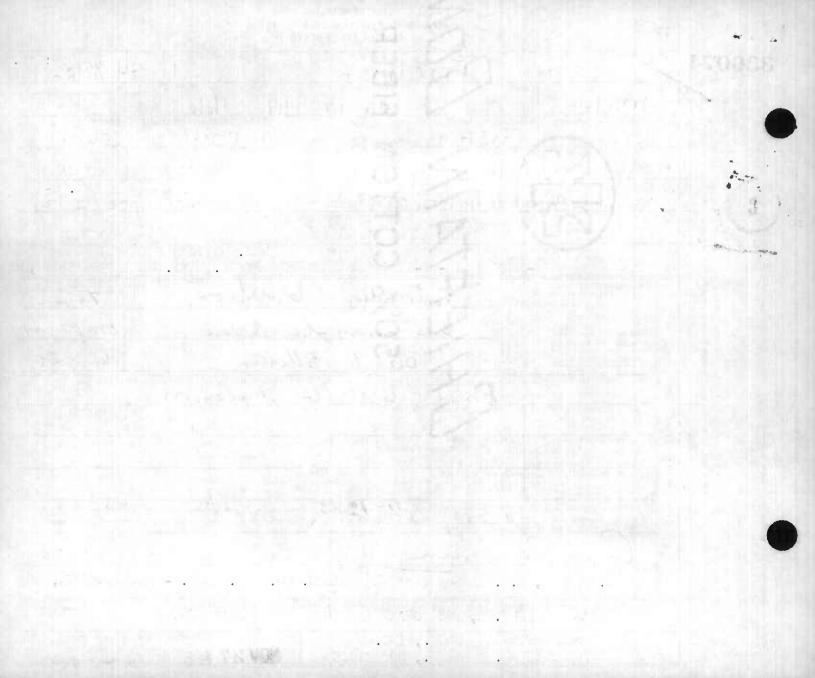
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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THE VALUE OF THE OF THE OF THE OFTEN OF THE OFTEN OF THE OFTEN OF THE OFTEN O



ON ST., BALTIMOSE MARKELAND 21201	h certificate by a month of the death. Page 4 may be	ding physician are second to the function director page 3 orbon papers. Face it made it thin 72 hours offer death	or removol
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMONE MARK LAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be assumed in the death. Fage 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the ottending physician and security find in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, then a smooth by the first permit.	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

323	117	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH		3	020,
e wi	£ 1		CEASED NAME	FIRST		MIDDLE		AST	REG. No. 2a. DATE OF DEATH		YEAR 2b. HOUR
роде	E do			aul	RACE RACE	ymond	FR.		November 6 AGE (IN YEARS LAST BIR		5:00p
To. BIRTHPLACE COUNTRY)		Male			Whit	.e	Octo	ber 22, 1919	66 YRS MONTHS DAYS HOURS A		
		RTHPLACE (STATE OR FO	REIGN]	76 CITIZEN OF WHAT COUN U.S.A.		ITRY2 8	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF		
to other	1/	Ro	ssville 21	237	Frankl	in Squ	street address)	or other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O	F WORKING I TE)	126 KIND OF BUSINESS OF INDUSTRY Dry Cleaning
24 hou	36	130 S	aryland	36 COUN	THERINSTITUTION TY Imore	13c CITY OR Essex	TOWN	13d. INSIDE CITY LIMITS? YES NO 🔼	13e STREET ADDRESS A		21221
()	1190		Ralph	Frit		LAS		15 MOTHER'S MAIDEN NA	Charolette	Ram	sburg
4	medico/		VAS DECEASED EVER IN YES, NO OR UNKNOWN) Yes		WAR OR DATES)		SECURITY NO. LO 0726	Elizabeth F	ritz (wife)	:\$\$	(same)
quires that the death certific	nen please remove corbon po to buriol, cremotion, or remo ijury, or other troumotic even	N	Respiratory Arrest secondary to Ponto- Due to, or as a consequence of Cerebellar Herniation Conditions, if ony, which gove rise to immediate cause loi, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160								IN PART Ito
he low reton	ene prior	CERTIFICATION	19a DATE OF OPERATION	ON	19b COND	TION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, W IN CERTIFYIN YES	/ERE FINDINGS USED
PHYSICIAN Tending physic this certificate	d or them 18 sh	MEDICAL CER	21a ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d INJURY OCCURRE	USE OF DEAT	P.	M. MONTH	DAY YEAR 19	216. HOW INJURY OCCUR 216. LOCATION STREET	RED (ENTER NATURE OF INJUI		OUNTY STATE
HOSPITAL OR ATTENDING Fined by the hospital or offer FUNERAL DIRECTOR After the hospital or other hands of the hospital to the	should be deflocted for use as muth the State Dept. of Health on IMPORTANT. If them 21 is marked	2	WHILE NOT WHILE ALL WORK 270.1 certify that (1) (1) sow the deceased above, (1) (we) (dir. 271. I TYSICIAN'S NAM	olive on di (did not	November view the body	e deceosed f er 14 ofter death.	rom Novem	DEGREE ATTENDING PHYSICIAN 27e ADDRESS	deoth occurred on the do	er 14 19.	85 , that (I) (we) los and from the causes stated
TO HO retoine	with the State of Management o	23a E	Martin		DW, M.D		23c NAME OF C	9000 Frankli	n Square Dr	. Balto	., MD 21237
BP		24.11	SPECIF Burial DIRECTOR ZINSKI	uners	11/18 2 Home	Luppi	DE < <	astern Ave. N	TY Garrison TE REC'D. BY REGISTRAR	25b. REGISTRAF	Maryland R'S SIGNATURE

1 .A.C.U. Some no. rational randomary / person fatting or in attack to the fitterson reland faltions lists : 1908 por Lens 1909 no a stee of low modette of low (once) (ofte) roing discharife 8270 01 712 (ofte) (once) the first and the first of the second Burian , Japano acairant yestess savets . bu 18/26/61 Inches

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FOR - STATE

STATE OF MARYLAND

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	REG. NO.		M.	3.5	- 60	. 16
O K C	OF AVIL -					

1	REGISTRAR				CERTII	CAIL OI DEATH	RE	G. NO.			
	DECEASED NAME F	FIRST	٨	AIDDLE	L	AST	20 DATE OF DEA	тн момтн	DAY YEAR	26 HOUR	
	THE ORPRINT)	Laire	$\sim M$	ichelle	Fn	wehlich	Novem	ber 24,	1985	3:50P.	
1.5	SEX	4. R	ACE		5. DATEC		6 AGE (IN YEARS)	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS.	
	Female		Whit	e	6	28 64	21	YRS		HOURS MIN.	
70.	BIRTHPLACE (STATE OR FORE	EIGN 76 (CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE C				
	Maryland		4.5.1	A	WIDOWE		_ /301/71	nore (o	unty	MI	
Dundalk		11.	7833	E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THIS SUCH FAMILY, GIVES TREET APPRESS) Rentley Road. 21222			12a USUAL OCCI (TYP) OF WORK FOR A HOUSEW	JPATION NOST O WORKING ORR	LIFE) 126 KIND C	KIND OF BUSINESS O	
130	Maryland 131	HOME OR OTHER		134 CHTY OR TO		138 INSIDE CITY LIMITS	13. STREET ADDR	ESS AZIP CO	pent Apt	c-7	
14.	FATHER'S NAME	WILL.	116	t IAST		15 MOTHER'S MAIDEN	NAME	Dec	- 1	.,	
	Joseph	Edi	vard	Lip	oa	(hristi	ne Mar	garet	Pro	00	
60	WAS DECEASED EVER IN (YES, NO PRUNKNOWN)	U.S. ARMED IF YES, GIVE WA	FORCES?	217-80-	-9065	Fritz E. F.	roehlich 1	DDRESS 6 Cours	t Pleases	rt 21222	
	18 CAUSE OF DEATH					10 1	· • • •		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
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CERTIFICATION											
SAT	190 DATE OF OPERATIO	N	196 CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY		'ES, WERE FINDI		
TIF							YES NO		YES [NO [
CER	210. ACCIDENT WAS UNDERL		216 TIME O		DAY VEAD	21c HOW INJURY OCC	URRED (ENTER NATURE C	F INJURY IN ITEM 1	8 PART I OR PART 2)	2777	
	OR CONTRACTOR CALL		HOUR A./	M. MONTH M	DAY YEAR						
MEDICAL	21d INJURY OCCURRED		21e. PLACE (OF INJURY		211 LOCATION		00.100	COUNIY		
W	WHILE NOT WHILE		(AT HOME, STR	EET FACTORY, OFFIC	E FARM ETC)	STREET	City	OR TOWN	COUNTY	STATE	
	220.1 certify that (1) (th	us hospital)	attended the	e deceased from	2	JW6 1085	10 100	1 24	10 85	that (I) (we) las	
	sow the deceased	olive an	11/12/65	19	er 1	nd that in (my) (our) opini		the date and h			
Н	above, (I) (we) (did: 276 SIGNATURE	(did nat) vi	ew the body	ofter death		DEGREE			22c DATE	SIGNED	
	1000	C 911	1			1 1	MEDICAL DIRECTOR P	STAFF	111	25/55	
	22d PHYSICIAN'S NAM	E TTYPE OR PRI	My ger			22e ADDRESS	DIRECTOR P	HYSICIAN [0 11	
		,ETTI	1110	M.0			pkins On	culony	Center	Dult6K	
230	BURIAL, CREMATION, RE	MOVAL 2	36 DATE	23	NAME OF C	EMETERY OR CREMATOR	23d LOCATION	1	10.11	/*/	
	(SPECIFY) Burial		11-27	-85 1	Marylan	d Veterans	Garris	on Fore	st. Balt	0.Co.M	
24	FUNERAL DIRECTOR					25e C	PATE RECID BY REGIS	TRAR 256 REG	STRAR'S SIGNA	URiandelle	

Charles S. Zeiler & Son Inc. 901 S. Conkling St.

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the buriol-transit permit. Then please remove cotlon page with the State Dept, of Health and Mental Hygiene prior to buriol, cremation, or removal IMPORTANT: If Nem 21 is marked or Item 18 shows any injury, or other traumatic event,

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIF

CATE OF DEATH	REG. N	10.				
AST	20 DATE OF DEATH				26 HOUR	
urst.		11	26.	85	2001	ì

		CEASED NAME FIRST	MID	DOLE	AST I		20 DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR O
		Tlea	noc) .	turst.	200		11.26	78.6	2001 W
	3 SE	Female	4 RACE		ATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTI	_	NINS DAYS	IF UNDER 24 HRS
/	2 0	TETTRUE	Cau		10 20	22	00	YRS		
7	,	R1HPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WE	1 11 1	RRIED NEVER MA	RRIED -	BALTIMORE CITY OF		OF DEATH	
	-	RYLAND ,	00 3	WID		ORCED _	D. 171	re c	المناه	MD.
2	III CI	Baltimore MO		SPITAL, NURSING HO		MONTH	TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	F BUSINESS OR
2	#SU	AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION OF	VE RESIDENCE BEFORE ATMISS	Jeneral H	OSPANY	RETIRED	STAT	E OF	Mo.
2	13a S	STATE 1136 COUN	TY 13	CITY OR TOWN	134 INSIDE CITY		13e STREET ADDRESS /	ZIP CODE		
1	_	ARYLAND BALT	IMORE R	EISTERST				RIVE	2113	56
4	7:	FIRST	MIDDLE	LAST	15 MOTHER'S M		WIDDLE		LAS	1
L	-			NIGGEL	MAUDE				BAKE	
1	16a V	VAS DECEASED EVER IN U.S. ARI JES NO OR UNKNOWN) (IF YES, GIVI	MED FORCES? 16	SOCIAL SECURITY N	O 17. INFORMANT	r	ADDRE	542	23 MT.	GILEA
		No	2	12-36-37	4 SAMUEL	GLEN	NN ELSERO	AD	2117	6
	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT C	DUE TO, OR A	AS A CONSEQUENCE (DF .	IC F	ZEAST		RUN	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPER	ATION WAS PERFORM	AED	200 AUTOPSY?		WERE FINDIN	
7	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOTIFY HOT (I) (this hospit saw the deceased alive on above, (I) (w) (did) (did of 22b 9]GNATURE 22d. PHYSICIAN'S NAME (TYPE OF ACCURRED)	P.M. 21e PLACE OF (AT HOME STREET al) obtained the view the bady all	MONTH DAY Y INJURY FACTORY, OFFICE, FARM, ET-	2H LOCATION STREET and that in (my) (9) DEGREE	19 apinian de	CITY OR TOV CITY OR TOV CITY OR TOV A TO COMPANY TO THE COMPANY	te and hour	county and from the	
		1010-110	1111	1.111011						

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

BURIAL

REISTERSTOWN, MD. ELINE FUNERAL HOME

CEM. PL 250. DATE REC D. DEC 2

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ETIRED STATE OF PO.

BAKER

MARYLAND BALTIMORE REISTERSTOWN GLYNDON BRIVE, 21136

LBERT

NIGGEL PAUDE

212-36-3774 AMUEL GLENN ELSEROAD 21136

BURNAL 11/2//65 DRUID RIDGE CEM. PIKESVILLE BALTIMONE, MD.

ELINE FUNERAL HOME REISTERSTOWN, No.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR should be detoched with the State Dept

STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH		5		3	0	2	Name of the last
		REG. N	10.				
LAST	2a. DATE OF	DEATH	MONTH	DAY	YEAR	7h I	HOI

6	1 -	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HYGI	IENE PREG. NO	ن ن o.	1 2	1 0	
		CEASED NAME FIRST	WIDDLE	(100)	AST .	20. DATE OF DEATH	MONTH DAY		2b HOUR	
		JosHz	LA	CA PIB		11 /3	85	9.30PM		
	3. SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YE				
		m	Cuc.	1/	13 YEAR	37	YRS	ON HS DAYS HOURS MIN.		
1	7a 81	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
/	Yu	goslavia	U.S.	WIDOWE		Baltem	one G	0 ,	MD.	
7	10 CI	LY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION		KIND OF	BUSINESS OR	
2	K	andallatour	Butter and	Co. Sky	v. Drapital.	Landscap			capeing	
1	USU/	AL RESIDENCE (IF NURSING HOME		E BEFORE ADMISSION	A 124 IN SIDE CITY I IN ITES				228	
2	130		timore Cato	nsville	136 INSIDE CITY LIMITS?	100 N. B	eechwoo	d A	renue	
1	14. FA	ATHER'S NAME		451	15 MOTHER'S MAIDEN NAM	AE				
		Thomas		lynn	Frances	WIDDLE	1	Unkn	own	
Ī		WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE			228	
	1	YES NOOR UNKNOWN) (IF YES.	GIVE WAR OR DATES	66-5004	Karen Gabr	iel 100 N	Beech			
			only one cause per line (p) (a),		maron data	101 100 1			ATE INTERVAL	
		PART I. DEATH WAS CAU	neemie	BCTWEET OF	ASET BIND DEATH					
		1		1.204						
		Conditions, if any, which								
		gove rise to immediate cause (a), stating the								
		underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF						
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
	NO									
7	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WER	RE FINDING	GS USED	
7	TIFI					YES NO	YES [CAUSES	NO [
1	CER	21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	214 HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I O	R PART 2)		
1	AL	OR CONTRIBUTING CAUSE OF E	A CALL	19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	04444 4.00 4463	211 LOCATION	CITY OR TO	WN C	OUNTY	STATE	
	Σ	WHILE NOT WHILE AT WORK	TAT NOME STREET FACTORY.	OFFRE PARM ETC)						
			pital) attended the deceased	from	10-12 19 85		13 19	85 11	not (1) (we) last	
		saw the deceased alive (abave, (1) (we) /did) (ald	not) view the body after death.	19 85 ar	nd that in (my) (aur) opinion d	leath occurred an the do	ate and haur and	from the co	ouses stated	
	7	226. SIGNATURE	ha - 1 - 0	12	DEGREE			20 DATES	IGNED	
0		09	don super	W	MD ATTENDING PHYSICIAN	MEDICAL STAF		11.12	3.5	
		220 PHXS CIAN'S NAME	JON PRINTI		22e ADDRESS	_				
		Mayadur	MOVINDI	a FR	USACTIMOR	LE COUNT	GNLJ	HOS PI	FAC.	
		BURIAL, CREMATION, REMOV		23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	- 7	2122	8	
		Cremation	11-14-85	Securi	ty Process	Catonsvi	lle, Ba	alto	MD	
		UNERAL DIRECTOR		212	25a. DATE	REC'D BY REGISTRAR	256 REGISTRAR'S			
	Cr	emation Soci	iety Of MD, ^o	Catonsv	Fille, MD NO	1 9 1985	M. C. Drie aug 186	20 A. J. E.		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: H

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

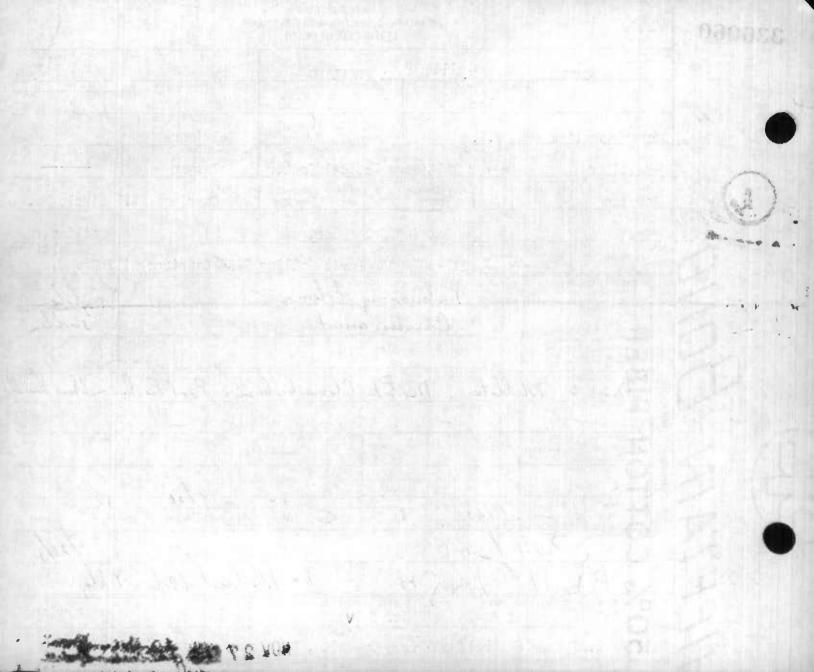
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379143	1-	FOR STATE REGISTRAR			DEPART		CATE OF DEAT		REG. NO.	0 2	
		EASED NAME	FIRST		MIDDLE	L	AST		TO DATE OF DEATH MONTH DE	AY YEAR	26 HOUR
oy be	{ TYPE	Jero Jero	me	(1. G.	ard;	ner		11- 29	1.85	32
in a so	3 SEX			4 RACE		5. DATE O		6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
e 4		Male		Wh	ite	MONTH 8	22	TEAR 05	80 YRS	ONIHS DATS	HOURS MIN.
12 Pag 12/		THPLACE (STATE OR FO	DREIGN	16 CITIZEN OF	WHAT COUNTRY	8	ED NEVER MARRIED		BALTIMORE CITY OR COUNTY	OF DEATH	
Leoth 72		aryland	E-V	U.S.	Α.	WIDOWE			Baltimore C	ount	/ MD.
D Jag		Y OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSI	NG HOME O	R OTHER INSTITUT		20 USUAL OCCUPATION		OF BUSINESS OR
11 (204	Ca	tonsville		Fred	erick Vi	11aN	ursing (enter	Auto Dealer		Sales
1 11 86	13a. S	RESIDENCE IN NURSII	136 COUN		13c. CITY OR TOV Ruxton	VN	134 INSIDE CITY L	IMITS?	36 STREET ADDRESS / ZIP CODE 1503 Carrollton	Ave:	21204
1 300	14. FA	THER'S NAME		100			15 MOTHER'S MA	IDEN NAM			
6 是现在人	100	John		Cosmas	Gar	diner	Mar.	ie	Antoinette	OWE	ens
1997		'AS DECEASED EVER			166 SOCIAL SEC	JRITY NO.	17 INFORMANT		ADDRESS	-1,-10	
177/	{ ¥	NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216-03-	3998	Marie A	. Ower	ns 1503 Carrollto	on Ave.	. 21204
sicio pers. rol.		18 CAUSE OF DEATH PART I DEATH WA	(Enter on	ly one cause per	line far (a), (b), a	nd (c)				APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
p phy on pa emov				D BY. TE CAUSE (0)	card	inc o	writ				
nding corbin				DUE TO, O	R AS A CONSEQU	ENCE OF		,	•		
he dea emove emotion er froun		Conditions, if any, gave rise to imm cause (o), stating	ediote	(b)	Caruna R AS A CONSEQU	0	tery o	uel	nsl	10	yeark
by t ose r ose r ose r		underlying cause		(6)	K AS A CONSEGRO	ENCE OF				2	
signed hen pled o burrol	7	PART 2 OTHER SIGN	IFICANT (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CONDITION GIVE	N IN PART 1	0
y in	CERTIFICATION	190 DATE OF OPERAT	dem	lia of l	ut allyh	Unils	WAS PERFORME	Ch	TOUR AUTOPSY? TOOL WYES.	WERE FINDI	NOS USED
low as be per we on	FICA	196 DATE OF OPERAT	ON	196 GOND	ITION FOR WHICE	OPERATIO	N WAS JEKTOKME		IN CERTIFY	TING CAUSES	OF DEATH?
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		OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR		OCCOME	D TENTER HATORE OF HATORE THE TENTER TO THE		
drag p drag p drag p burrold Mentol	MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE	M. OF INJURY	19	211 LOCATION				
G PH of the condition of the condition o	ME	WHILE NOT WHI	LE 🗍		REET, FACTORY, OFFICE	FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
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TTEP pprior for u of H	35	saw the decease abave (1) welld	d alms on	It sew the bady	alter death	8) . an	d that ic imy laur	opinian de	eath accurred on the date and have	and from the	causes stated
OR A hose ched ched hem		226 SIGNATURE	-	0	1.		DEGREE	15010		22c. DATE	1 1
Y the XAL D detoo detoo		Dam	lan	-12Vr	West .	D		ICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	111	19/81
TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT:		224 PHYSICIAN'S NA	ME HARE	OR PRINT)			22e ADDRESS	7411	OLO FRE		
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E 6 Feb 7 7		URIAL, CREMATION, F	REMOVAL	A FFE A	Burney I I I I I		EMETERY OR CREA		23d LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16 60M 7/B4		NERAL DIRECTOR			ADDRESS	2122		100	REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNAT	URE
(VRA 15, 4)	Hu	bbard Fune	eral	home, I	ac. 4107	Wilke	ns Ave.	LDEC	2 1005 man	widow.	Bands 80

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN

1 - STATE
PEGISTRAR
CERTIFICATE OF DEATH

MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		Seg. No.	5	U	2.
LAST	Ta DATE OF DE	ATH MONTH	DAY	VEAD	_

ı		REGISTRAR		CEKII	FICATE OF DEATH	REG. NO.					
Ì		CEASED NAME FIRST	MIDDE	E	LAST	20 DATE OF DEATH MONTH		HOUR			
1		ELEN GILBERT				11	29 85	157 PM			
ı	3 SEX		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS			
1		F.	W.	MON	TH DAY YEAR	69	OURS MIN.				
3	7a BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	AT COUNTRY? 8	28 16		9 BALTIMORE CITY OR COUNTY OF DEATH				
4	Bai	Ltimore, Md.		MARRI		100000000000000000000000000000000000000					
4	-	TY OR TOWN OF DEATH	II. NAME OF HOS	PITAL NURSING HOME	OR OTHER INSTITUTION	BALTIMORE 126 USUAL OCCUPATION	COUNTY 12b KIND OF B	MD.			
1		TOUCON	(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF WORK	KING LIFE) INDUSTRY				
4	115/14	TOWSON AL RESIDENCE (IF NURSING HOME OF		SEPH HOSP		Machinist	Bendix	Koppers			
1	13a S	TATE 136 COUN		CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE				
4			ALTO E	BRADSHAW	YES NOX		YVALE RD	21021			
4	14 FA	THER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	LAST				
			Sypn	iewski			Unknown				
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166	SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	11206 Sandy	vale Rd.			
1	986	sm sm =		16-18-4858A	Mr. Leon T.	Gilbert, Brads	haw, Md. 2	1021			
1		18 CAUSE OF DEATH (Enter pr	ly one couse per line	for (o), (b), and (c).)	1 11		APPROXIMAT BETWEEN ONS	TE INTERVAL ET AND DEATH			
1		PART I. DEATH WAS CAUSE	D BY	ARDIO GEN	10 Shock		STATE OF THE STATE OF				
1		MMEDIA				A /					
1	200	Conditions, if ony, which ((b) DOUNE MUDGANDIA INTERNAL TOTAL									
ı	4.0	gove rise to immediate	(b)_(()	core my	OCHICALIFY I	-101011011010					
1		couse (a), stating the underlying couse lost	DUE TO, OR AS	A CONSEQUENCE OF	denti Ho	and XICEAN					
1			(c) //	10/FICIOS	40110112	14 DISTRIC					
	z	PART 2 OTHER SIGNIFICANT	LONDITIONS CONTI	RIBUTING TO DEATH BU	I NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION	N GIVEN IN PART 110				
1	CERTIFICATION	196 DATE OF OPERATION	TION CONDITION	N FOR WHICH OPERATION	ON WAS DEDECORMED	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS	ELISED			
	FIC.	IN DATE OF OPERATION	The CONDITION	NOR WHICH OF ERAIR	ON WAS FERI ORMED	ind	CERTIFYING CAUSES OF	DEATH?			
4	RTI	210. ACCIDENT WAS UNDERLYING	216 TIME OF IN	HIDY	Tal. How Millian occurs	YES NO		NO 🗌			
ı		OR CONTRIBUTING CAUSE OF DE		MONTH DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	EM TE PART OR PART 2}				
4	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19	34						
1	ED	214 INJURY OCCURRED	21e. PLACE OF II	NJURY FACTORY OFFICE FARM, ETC 1	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
١	2	AT WORK AT WORK		Action of the family of							
		220 I certify that (I) (this haspi	rail oftended the de	ceased from NOVEL	nien 27 1981	10 NOVEMBER 2	9 19 8 tho	t (I) (we) lost			
1		sow the deceased alive an	NOVEMBER	29 19 85	and that in (my)-(sort) opinion	deoth accurred on the date on	id hour and from the cou	uses stated			
		78 SIGNATURE	0 0 /	y y	DEGREE		22c DATE SIG	SNED			
.		Grand	B. ter	us M	ATTENDING PHYSICIAN I	MEDICAL STAFF	11/29/	85			
	- 11	736 PHYMCIAN'S NAME (THE	areasty -	,	22e. ADDRESS			2/			
		KENNETH T	R. LEWI.	(d1)	9101 FRANK	IN Soume D.	Kive BALL	miner WH			
1	23a B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION	1,				
	(Entombment	12-3-198		of Faith	Rosedale	Baltimore	Md.			
	24 FU		1 / -/-			E REC'D. BY REGISTRARUSS. RI		E			
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit men. Then please

should be detached for use as the burial-tro with the State Dept. of Health and Mental H. a. m. IMPORTANT. If them 21 is marked of them 48 to

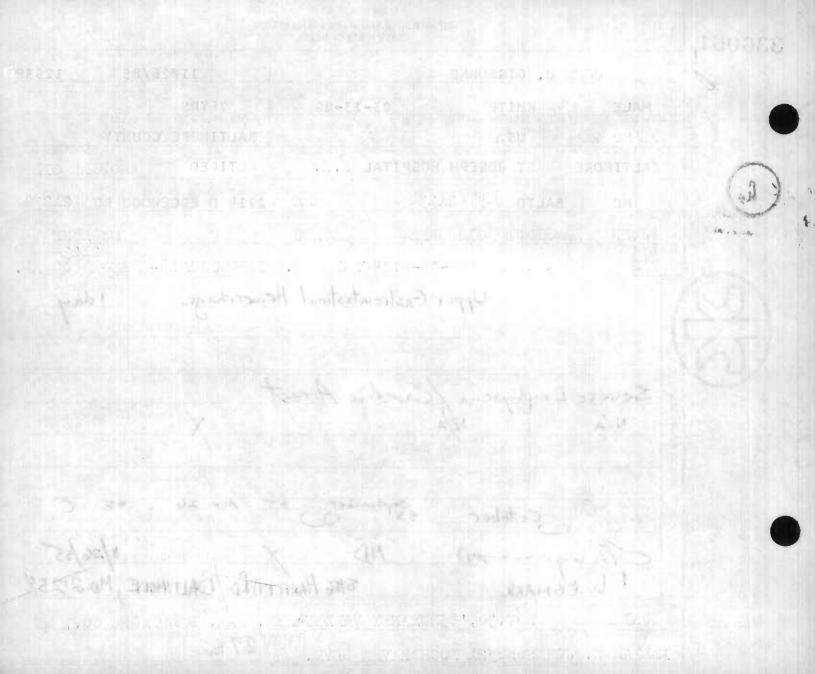
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requir retained by the haspital or attending physician.

jury, or other trau

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336061/	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE	REG. NO.	3 0 2	1 4
00000	I. DEC	CEASED NAME FIRST		WIDDLE	L	AST	20. DATE C	OF DEATH MONTH	DAY YEAR	26 HOUR
1 83 M		JOHN J	. GISB	URNE				11026	/85	12531
8 8 29	3. SEX	(4. RACE		5. DATE O		6 AGE IN	YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
A set //	1	MALE	WHITE			-13-09		76YRS YRS		MIN.
2 43 / 9	7a Bli	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	NEVER MARRIED	9. BALTIM	ORE CITY OR COUNT	TY OF DEATH	
1 19/	1	NEW YORK	USA			WIDOWED DIVORCED		BALTIMORE COUNTY		
~ 68	10 CI	BALTIMORE		HOSPITAL, NURSIN		L E.R.	LIANE UL MU	COCCUPATION SERK		BUSINESS OR
(G.) 36	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUP		GIVE RESIDENCE BEFORE 130 CITY OF TOW 2123	ADMISSION)	13d INSIDE CITY LIMITS YES NO L		ADDRESS / ZIP COI		21234
13797	JL FA	THER'S NAME				15. MOTHER'S MAIDEN	INAME	WIDDLE	UMLES.	
44700	1	JOHN LAWR	ENCE	GISBURN	E	AGNES		WIDDLE	McGL	ONE
1 17			MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		234
1 1 1/	-0	YES UNKNOWN) (IF YES GIV	W. II	085-05-	-6194	CLAIRE A.	GISBU	RNE1714-	D EDGEW	OOD RD
sicio pers of the		18 CAUSE OF DEATH (Enter or PART 1, DEATH WAS CAUSE	ly one cause pe	line for (a), (b), on	dicit	. 1 11 /	11	1	BETWEEN O	NATE INTERVAL
phy propo emov	1		D BY: TE CAUSE (a)	Upper G	Tastro	intestinal	Hemorr	hage	1 1 d	ay
th certaing sorbing of rice			DUE TO, C	R AS A CONSEQUE	NCE OF			0	7 1 3	
deal offer ove ove	12	Conditions, if any, which	(b)_		7.80					
by the by the ase rem al, cremo		gove rise to immediate couse (a1, stating the underlying couse last	DUE TO, C	r as a conseque	NCE OF			8-190		
n signed Then ple to burio	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	17	- 6	you related to the trac Arres	+	SE OR CONDITION G	SIVEN IN PART 110	
he low re hos been t permit.	CERTIFICATION	190 DATE OF OPERATION				N WAS PERFORMED	200 AUT	IN CERT	YES, WERE FINDING TIFYING CAUSES O YES [
N. T. Tysical Programme Transical Programme Tr	Ü	210. ACCIDENT WAS UNDERLYING		DE INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCC	CURRED (ENTER	NATURE OF INJURY IN ITEM IS	8 PART I OR PART 2)	
ICIA 9 pl 9 pl 9 pl noi-t- tem	CAL	OR CONTRIBUTING CAUSE OF DE.	1111	M.	19			,		
IG PHYS offendin ter this c s the but ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F	ARM ETC }	214 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTENDIN pitol or TOR: Affor use of Health		22a.) certify that (1) (this haspi saw the deceased alive on above (1) (we) (did) (did no			A 200	d that in my (aur) pin	85, to A		our and from the c	
hos hos ched ched rept.		226 SIGNATURE			· ·	DEGREE			22c. DATE S	IGNED
AL O AL D detoc detoc		Shien		tu)	p	ATTENDINE PHYSICIAN	MEDICAL DIRECTO	STAFF	11/26	185
O HOSPITAL etained by 1 TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME TYPE	1			SHIL HAD	rento	RAITIMO	PE MO.	21234
TO HO TO FI	23n B	SURIAL, CREMATION, REMOVAL		123, N	NAME OF C	EMETERY OR CREMATO	ORY 123d LOC	ATION		1/2/
BP		BURIAL					IEM GA	Y OR TOWN	MORE CO	, MD
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS		250	BULL LECTOR	REGISTRAR 25b. REGI	ISTRAR'S SIGNATU	JRE
(VRA 15, 4)	WI	LLIAM E. JOH	NSON85	21 LOCH	RAVE	EN BLVD.	10101	1500	and the second	- Table



- STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

REG. NO. 20. DATE OF DEATH MONTH

2b	HOL	IF

DECEASED NAME TYPE OR PRINT) Non. 20, FLORENCE E. GLOYER 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY)

FEMALE WHITE 1909 NOV. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?

U.S.A.

MARRIED NEVER MARRIED WIDOWED DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY

RECEPTIONIST

126. KIND OF BUSINESS OR

CEMETERY

O CITY OR TOWN OF DEATH RANDALLSTOWN BALTIMORE COUNTY GENERAL

13E CITY OR TOWN BALTIMORE

15 MOTHER'S MAIDEN NAME

21239 13e STREET ADDRESS / ZIP CODE 1121 E. NORTHERN PKWY.

MARYLAND 4 FATHER'S NAME

USUAL RESIDENCE (# NURS

COUNTRY

MARYLAND

WILLIAM

ARBAUGH

21239

ANNE

MIDDLE REBECCA WILLHIDE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO.

17 INFORMANT GAIL L. SMITH1121 E.NORTHERN PKWY.

21239

INDUSTRY

18 CAUSE OF DEATH (Enter only one cause per line for (a), 1b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gove rise to immediate couse (o), stating underlying couse

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Tra

21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

190 DATE OF OPERATION

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

20a AUTOPSY?

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE

211 LOCATION

CITY OF TOWN COUNTY

22a | certify that (1) (this hospital) attended the deceased from ______. saw the deceased three an 200 above (I) (we (did) (did not) view the body after death

and that in (my) (aur) apinian death occurred an the date and have and from the causes stated DEGREE

OF FAITH

27c. DATE SIGNED ATTENDING MEDICAL STAFF

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

NO [

22e ADDRESS POURMOTARRED

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

230 BURIAL, CREMATION, REMOVAL BURIAL

23c NAME OF CEMETERY OR CREMATORY

GARDENS

CITY OR TOWN

24 FUNERAL DIRECTOR

CERTIFICATION

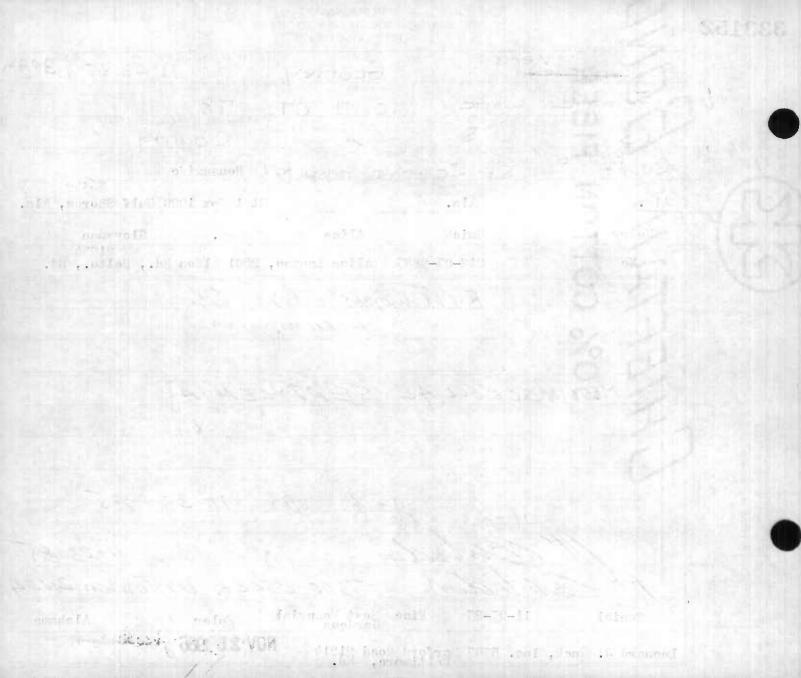
00

WILLIAM E. JOHNSON8521 LOCH RAVEN

NOV.22, '85

DHMH - 16 60M 7/84 (VRA 15, 4)

(VRA 15, 4)



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Paul	MIDDLE	LAST	REG. NO.	
Pau1		6631	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	Carroll	Grafton	November	19,1985 6:40A
1/-7-	4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White	August 23, 1937	48 yrs	ONTHS DAYS HOURS MIN.
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	R BALTIMORE CITY OR COUNTY	OF DEATH
darvland	United States	WIDOWED DIVORCED	Baltimore County	r M
CITY OR TOWN OF DEATH Bowleys Quarters	11. NAME OF HOSPITAL, NURSI	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE STORE OWNER	126 KIND OF BUSINESS OF INDUSTRY Auto Parts
STATE STATE			13e.STREET ADDRESS / ZIP CODE	, 21220
	imore Bowleys	Quarters \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3502 Galloway R	load ZIZZU
FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE	ŁAST
	Ralph Graft			Carroll
WAS DECEASED EVER IN U.S. AR	VE WAR OR DATEST		ADDRESS	
Inknown -	219-34-2	2537 Mrs. Ameli	ia C. Grafton 3502	
18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), a	ind (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSE	TE CAUSE (0) R-EXP	natory mulfrer	ency	2 days
	200 10 00 15 1 500 17 01	IS USE OF		1
Canditions, if any, which	DUE TO, OR AS A CONSEQU	undilleren	testal lumphomo	5 month
gave rise to immediate	10) 100		2. 10 14-11	
couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF	Durkitt +ype)	
	(e)		Ų .	
	TOUDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIV	EN IN PART TIO
190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	, WERE FINDINGS USED			
The Date of Greather	THE COMMITTION OF WHITE	H OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	11/ HOW IN HIPV OCC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	NO NO
OR CONTRIBUTING TO CAUSE OF DE		DAY YEAR	CORRED (ENIER NATURE OF INJURY IN THEM IS P.	ART OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER		19		
(IF EITHER, NOTIFY MEDICAL EXAMINES	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	PARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK NOT WHILE		(1)	Cor when	80
	ital) attended the deceased from.	0 19	05,10	19, that (1) we) la
220.1 certify that (1) (this hasp.		and that in (my) aur) apin	nian death accurred on the date and have	and from the causes stated
saw the deceased alive an		DEGREE		22c. DATE SIGNED
saw the deceased alive an above, (I) (we) (did) (did no	1 6 Voqel	MI) ATTENDING		11/ba/se
saw the deceased alive an above, (I) (we) (did) (did no	1 6 Vogel	ATTENDINIPHYSICIAL		11/20/85
saw the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	0	PHYSICIAI		11/20/85

DHMH - 16 60M 7/84

should be detached for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene priar to burial, cremation.

IMPORTANT: If them 21 is morked or them 18 states and

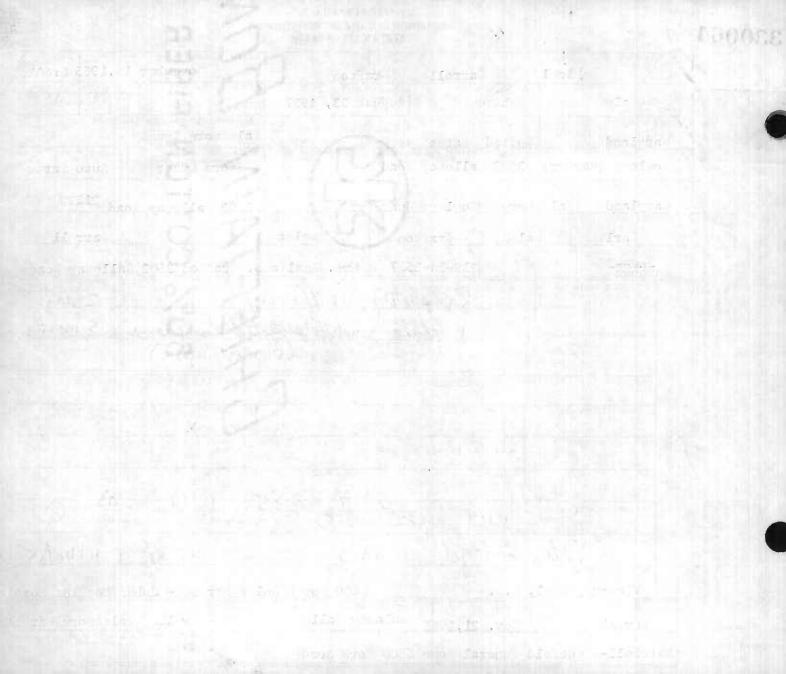
(VRA 15, 4)

Burial Nov. 21.1985 Burianey varies

Mitchell-Wiedefeld Funeral Home 6500 York Road

Timonium / Baltimore Marylan

250 DATE SEC D. BY REGIST SE REGISTRAR'S SIGNATURE



DHMH - 16 60M 7/84

(VRA 15, 4)

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1	12	REGISTRAR				CEKITE	ICAIL OF DEATH	REG. NO.					
1	1 OEC	CEASED NAME	ita	Mari	e e	GRA	HAM	November 29	, 1985		7:52p M		
		Female		White		5 DATE O	1. 16° 1924°	6. AGE (IN YEARS LAST BI	YRS	ONTHS DAYS	IF UNDER 24 HRS		
1	Buffalo, N.Y.			USA		MARRIEI	- tond	Baltimore City	County				
1	Rossville 21237			Frank	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IENOT IN SUCH FACILITY, CIVE STREET ADDRESS) Franklin Sq. Hospital				126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Nurse 126. KIND OF BUSINESS (INDUSTRY VA Hospit				
2	Maryland Ba			other institution ITY timore	R INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. CITY OR TOWN 136. INSIDE CITY LIMITS? THE TOWN			13. STREET ADDRESS / ZIP CODE 1 Mersey Ct. Apt I 21220					
1	Benjamin			Geo.	Tresse		Florence	Ralph		LAST			
1	186. V	DECEASED EVER		MED FORCES? E WAR OR DATES)	196/14		Rodney W. Gr	aham, Husb		Same	MATE INTERVAL ONSET AND DEATH		
	NOI	Canditions, if any, which gave rise to immediate couse (o), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								N IN PART 1	a		
P	CERTIFICATION	IN DATE OF OPERAL	IION	195 CONDI	CONDITION FOR WHICH OPERATION WAS PERFORMED			200. AUTOPSY? YES NOW YES PROPERTY NOW YES NO			OF DEATH?		
9	750,000	The acceptant was used on contributing () to protein acceptance	AUSE OF DEA	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT 1 OR PART 2)			
	MEDICAL	THE INJURY OCCURR	WITCH	(AT HOME STR	OF INJURY EET, FACTORY, OFFICE					COUNTY STATE			
1		220.1 certify that saw the decease	d alive on	0.2	ber 29 2	35, or	mber 29 _{, 19} 85 id that in (A) (our) apinion (, toNovemble death accurred on the c		and fram the			
		DEGREE ATTENDING Y MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D								27c. DATE 11-	-29-85		
		Dr. Hs					9000 Franklir	•	ive Bal	to., M	1D 21237		
,	D100000	SURIAL CREMATION,	REMOVAL	12/3/			EMETERY OR CREMATORY Hill Memorial		Baltim				
(BY	uzdzinski 1	Funer	al Home	PA 1407	Old E	astern Ave	EC 3 1985	256 REGISTR.	AR'S SIGNAT	Urfande M.		

52 1 28 1 61 .Y. J. Office farfound ty 12 former last long to mind the contract of allivered Posses I dol . to years a grant a rever a facility of the land dolad con col caselt con ninches English to the Lodgey w. Orthon, sucked) | Spen 12/1/85 Maily 1111 Mompried Cardens Paltimore Co. 181. Coleman Edd C July syn mares bid to a land in Serent Sentential

FOR

REGISTRAR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	10.			
20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
November	30.	19	85	8:10A

IF UNDER I YEAR DATS

EN IN PART 110

85 and from the causes stated 22c. DATE SIGNED 11/30/85

S, WERE FINDINGS USED YING CAUSES OF DEATH?

126. KIND OF BUSINESS OR INDUSTRY News Amer.

Ave. 21206 LAST

King Arthur

		EASED NAME	FIRST		WIDDEL				Zu. DATE OF DEATH				
	(TYPE	OR PRINT)	Anna	G	REENBERG	ý			November	30,	1985		
	3 SEX	(4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DATE		
1		Female		Cauc		MONTH 4	/7 F /00	AR	52	YRS			
46		RTHPLACE ISTATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AA A DD IE	D NEVER MARRI	ED M	BALTIMORE CITY OR COUNTY OF D				
1	Balto.,Md. US.			USA	A WIDOWED DNORCED				Baltimore County				
11	10 CI	TY OR TOWN OF DE.	ATH		HOSPITAL, NURSING THE FACILITY, GIVE STREET A		OR OTHER INSTITUTE	ON	120 USUAL OCCUPAT		12b. KIND		
		Balto.		Frank	clin Squ	are	Hosp.		Secretary	•	New		
36	13a S	AL RESIDENCE (IF NUR STATE Md.	136 COUN		13c. CITY OR TOWN Balt	4	134 INSIDE CITY LIV		130 STREET ADDRESS 5824 Coms	zip con	Ave.		
21		THER'S NAME FIRST	cCrac	widdle cken	LAST		15 MOTHER'S MAII		oitas MIDDLE		l.		
200	-	VAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17. INFORMANT		ADDR	ESS			
1		NO I IF YES, GIVE		E WAR OR DATES)	219-28	-990	9 Cynthi	a R	. Martin,	5440	King		
	NO	Conditions, if any gove rise to im cause (a), statiunderlying cause	IMMEDIAT which mediate ng the e last.	DUE TO, O	RAS A CONSEQUE	NCE OF	nary Arr	cer	INAL DISEASE OR CON	IDITION G	IVEN IN PART		
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED)	200 AUTOPSY?	IN CERT	ES, WERE FIND IFYING CAUSE (ES []		
9		210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DE	4111	DE INJURY M. MONTH DA M.	Y YEAR	21¢ HOW INJURY	OCCURR	ED (ENTER NATURE OF NIC	RY IN ITEM 18	PART 1 OR PART 2)		
	MEDICAL	21d INJURY OCCUR	THILE	(AT HOME STI	OF INJURY REET FACTORY, OFFICE, FA		211 LOCATION STREET		CITY OR TO		COUNTY		
		saw the deceas	sed alive on	nal) offended the November of the view the body	er 30 19 8	vover 35	nber 23 ₁₉	opinion o	toNovembedeath accurred an the d				
1		276 SIGNATURE	lva					DING	MEDICAL STA		22c DAT		
1		Geoffre			MD		22e ADDRESS	70 C - 1	clin Saua	no D			
		LOCATTYC	21/ 2/	Oan	MD		1 9000 8	T'AT)	CLID QUIIA	re II	LIVE		

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

DHMH - 16 60M 7/B4

Burial 12/3/85 Gardens of Faith

14 Sahimunek Funeral Home, Inc. 25% DA

3331 Brehms Lane, Balto., Md. 21213 (VRA T5, 4)

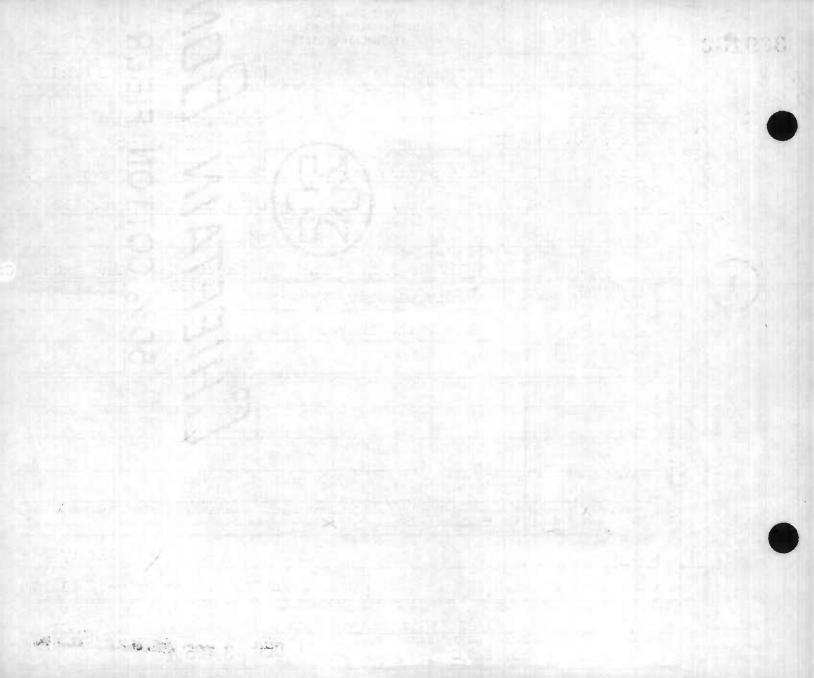
230. BURIAL, CREMATION, REMOVAL

231 NAME OF CEMETERY OR CREMATORY

Balto., Md.

21237

DEC DATE REC'D.



329062

page 3

SIMIL OF MAKIEMIN	ST	ATE	OF	MARYLAND)
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DEDADTMENT OF HEALTH AND MENTAL HYGIENE

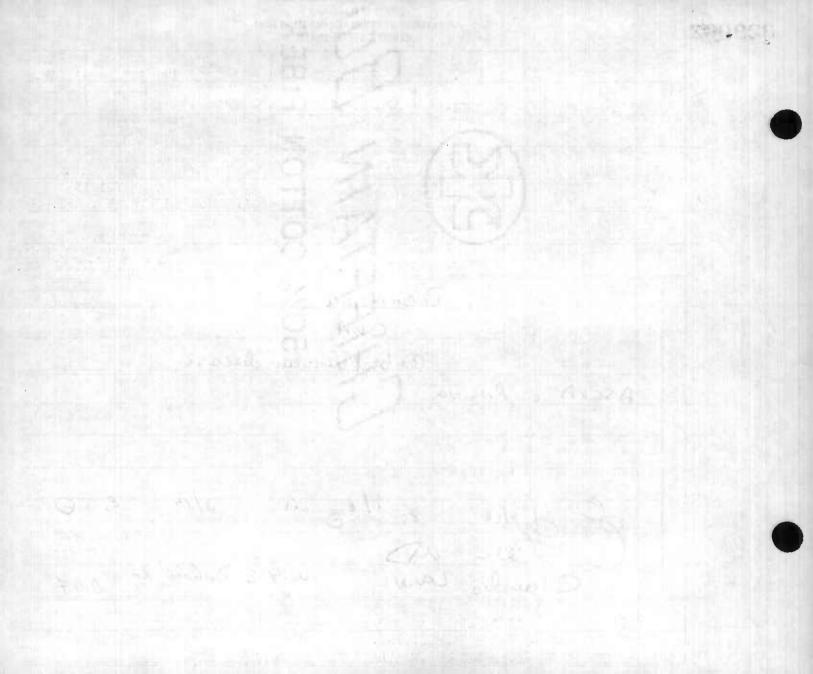
1 - STATE REGIST	RAR			DEPA		HEALTH AN	D MENTAL HYG F DEATH	IENE	REG. NO				
1. DECEASED N	NAME	FIRST	A	AIDDLE		LAST		20. DATE O	F DEATH A	AONIH	DAY YEAR	2b HOUR	-
VIII ON PRINTING		NATHA	AN	S.		GREENS	SPUN	NOV	EMBER	14.	1985	1:55P.	٨
3. SEX			RACE			OF BIRTH		6 AGE (IN	FEARS LAST BIRTH	(DAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	
	LE			CASIAN		KIL 4,	1900 EAR		5	YRS		NOURS MIN.	
7a BIRTHPLAC	E (STATE OR FOR	REIGN 76	CITIZEN OF	WHAT COUNT	MARRIE	XXNEVE	R MARRIED	9 BALTIMO	RE CITY OR	COUNT	Y OF DEATH		
RUSS		-7	USA		WIDOW		DIVORCED [COUNTY	M	
10 CITY OR TO	OWN OF DEATH	H []	I NAME OF H	HOSPITAL, NU	RSING HOME (TREET ADDRESS)	OR OTHER IN	ISTITUTION		OCCUPATION FOR MOST OF			F BUSINESS OR	
PIKE	SVILLE	1	PIKESV	ILLE N	URSING_	HOME			UNTANT		B&O R	.R.	
USUAL RESIDE	ENCE HE NURSING	SHOW OR OT		GIVE RESIDENCE B			CITY LIMITS?	13. STREET	ADDRESS /	ZIP COL	E (212	15)	
	LAND	V .	1 7		IMORE	YES X	NO 🗌				ITS AVE.	APT .111	
4 FATHER'S	NAME IRST					15. MOTHE	R'S MAIDEN NA						
	COB	MIE	DDLE	GRE	EENSPUN		ROSE		MIDDLE		GELFAND	sT .	
	EASED EVER IN	U.S. ARME	ED FORCES?	166 SOCIALS		17 INFOR			ADDRES	S		411 (212	10)
(YES, NO OR		(IF YES GIVE W	VAR OR DATES	705-0	5-5467	MRS.	BESSIE	GREENS	SPUN 6	317	APT. PARK HEI		15) E.
18 CAU	SE OF DEATH	Enter anly	ane cause per	line far (a), (b.	and ICI						BETWEEN	MATE INTERVAL	
PART	T I. DEATH WAS	MEDIATE		1	New	inoni	ic .						
	154			R AS A CONSE	COLIENCE OF	1	F-F-A	- 13-14			15 15 15 15		
Condit	ians, if any, v	which	(b)	AS A CONSE	COLINCE OF	CVA							
gave	rise to immed	diate)		coursier of	10.25	632 442						
underly		lost	DUE TO, OF	R AS A CONSE	CALL	ent 1h	mulos	dise	ase				
PART 2	OTHER SIGNIE	FICANT CO	NDITIONS CO	NIRIBUTING	TO DEATH BUT	NOT RELAT	ED TO THE TERM	INAL DISEAS	E OR COND	ITION G	IVEN IN PART 1	A :	=
	ASCV	D		Jaina		THO T KELA	ED TO THE TERM	IN THE DIOLAS)	1110110	112111111111111111111111111111111111111		
CERTIFICATION 210 VACC	E OF OPERATIO	DN		11	HICH OPERATIO	N WAS PER	FORMED	20a AUTO	OPSY?		ES, WERE FINDI		-
OI.							YES 🗀	NOF		CERTIFYING CAUSES OF DEATH?			
2la ACC	IDENT WAS UNDER	RLYING	21b. TIME O	F INJURY		121c HOW	INJURY OCCUR					NO []	-
OR CONT	RIBUTING CAL	USE OF DEATH			DAY YEAR			120 ((11)(11)	ATOME OF PRODUCT		, , , , , , , , , , , , , , , , ,		
~	ER NOTIFY MEDICAL		P./		19	21/ 10/64	TION						_
A TIG IN J	URY OCCURRE		218 PLACE (EET FACTORY, OFF	FICE, FARM ETC)	21f LOCA	EET		CITY OR TOW	/N	COUNTY	STATE	
- Miles and a second	NO1 WHILE		n			1/			1	.,			_
22n.1 cm	rtify then (1)		attended the	deceased fro	V Dear	11/8	, 19	, to	11/1	7	. 19 (1)	that we lost	1
obe		i did not	www.hii body	after death.	9_0_,0	nd that in (n	(aur) apinian	death occurre	ed an the dat	te and ho	our and fram the	causes stated	
77k. 51G	SIGNATURE DEGREE						ATTENDANCE MEDICAL STAFF			224 DATE SIGNED			
	1	1	tell	- (17		PHYSICIAN 5	MEDICAL	STAFF PHYSICI		11/:	16/85	
22d. PHY	SICIAN S NAM	AE (TYPE OR P	RINT	. 1	Qual	22e ADDF	ESS /0219	75	Dolfiel	20 1	ea.	,	
		-1	and	0	NIN						9	1117	
230 BURIAL, C	REMATION RE	LANCOMAL	031 0 4 25		22. NIAME OF	CEAAETEDY O							-
		MOANT	23b DATE		23(NAME OF	LEMETERT	RCREMATORY	23d. LOC					
	RIAL	MOVAL		7/85			METERY		OWINGS	S MTI	COUNTY	STATE TO MD	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT. If them 21 is marked or them 18 shows any injury, at ather traumatic e

6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215



ld b

00

MPORT

- STATE REGISTRAR

I DECEASED NAME

(TYPE OR PRINT)

& SEX

STATE OF MARYLAND

LAST

5. DATE OF BIRTH

WIDOWED

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH

MONTH 26 HOUR **WEXMEE** NOV. 1985 3:27P M IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS

4 RACE CAUCASIAN FEMALE BIRTHPLACE (STATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY

MIDDLE

LIF YES GIVE WAR OR DATES!

SARAH

MONTH YEAR SEPT

MARRIED NEVER MARRIED XX

1896

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE COUNTY 126 KIND OF BUSINESS OR

IN CITY OR TOWN OF DEATH RANDALLSTOWN

MARYLAND

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OLD COURT NURSING HOME

MID(D) E

USA

XXX

DIVORCED [

LITYPE OF WORK FOR MOST OF WORKING LIFE! BOOKKEEPER

13e STREET ADDRESS / ZIP CODE

MIDDLE

INDUSTRY ACCOUNTING #21209

MARYLAND 4 FATHER'S NAME

FIRST

SUAL RESIDENCE

30. STATE

CERTIFICATION

MEDICAL

13L CITY OR TOWN BALTIMORE LAST

15 MOTHER'S MAIDEN NAME

FIRST

ESTHER

GROLMAN

2905 FALLSTAFF RD., APT. 24

DEITCH

ISAAC 160, WAS DECEASED EVER IN U.S. ARMED FORCES?

GROLMAN 166 SOCIAL SECURITY NO

17 INFORMANMR. ARTHUR RAFFELS

BAYTHORNE RD.

215-10-2243 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to _fb', ond_ PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

	1 1	
210. ACCIDENT WAS	SUNDERLYING	
OR CONTRIBUTING	CAO QU	EAT

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES

FIF EITHER NOTIFY MEDICAL XAMINER 21d INJURY OCCURRED NOT WHILE WHILE

190 DATE OF OPERAT

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE FARM, ETC.

eceased from

III. LOCATION CITY OF TOWN 10000

20e AUTOPSY?

COUNTY STATE

220 1 certify that (I) (this hospital) attended the saw the deceased alive an_ abave, (I) (we) (did) (did not) view the body after death 276 SIGNATURE

and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DERECTOR

STATE

MD

230. BURIAL, CREMATION, REMOVAL

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

73d LOCATION

BP

(SPECIFY) BURIAL

11-3-85

236 DATE

MAURICE FELDMAN

ANSHE EMUNAH

ITY OR TOWN BALTIMORE

250. DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

COUNTY

6010 REISTERSTOWN RD., BALTO., MD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 60M 7/B4 (VRA 15. 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2n DATE OF DEATH MONTH 7h HOUR MARY T. GRUBBS TYPE OR PRINTS G-RUBRS 10 85 30 AN D. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR MONTH DAY -emale White May 10, 1932 53 In BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Maryland U.S.A. WIDOWED DIVORCED | Baltimore County CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY 121 Edgewood Rd. Towson 21204 Homemaker Own Home HALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

13 CITY OF TOWN 130 CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Baltimore Towson NO St 121 Edgewood Rd. 21204 A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Homer S. Norman Elizabeth M. Bormuth 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR LINKNOWNS LIF YES, GIVE WAR OR DATEST James W. Grubbs, Jr. - Same as #13e No 213-28-8517 APPROXIMATE INTERVAL BETWEEN ONSET AND BEATH & CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. 6 MONTHIC IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE,O 26 MANIL Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE FITHER NOTIFY MEDIC ALEXAMINER P.M 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE WHILE -NOT WHILE 11/0 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an and that in (my) (ver) apinian death accurred an the date and haur and Iram the causes stated abave, (1) (we) (did nat) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED 11/11/82 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME LITTE OF PRINT 220 ADDRESS KIKAL PURTELL 440 CRITERY RVA NILHARI 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23h DATE 23d LOCATION (SPECIFY) STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

9 4

24 FUNERAL DIRECTOR

Burial

11-13-85

Moreland ADDRES 1050 York Rd.

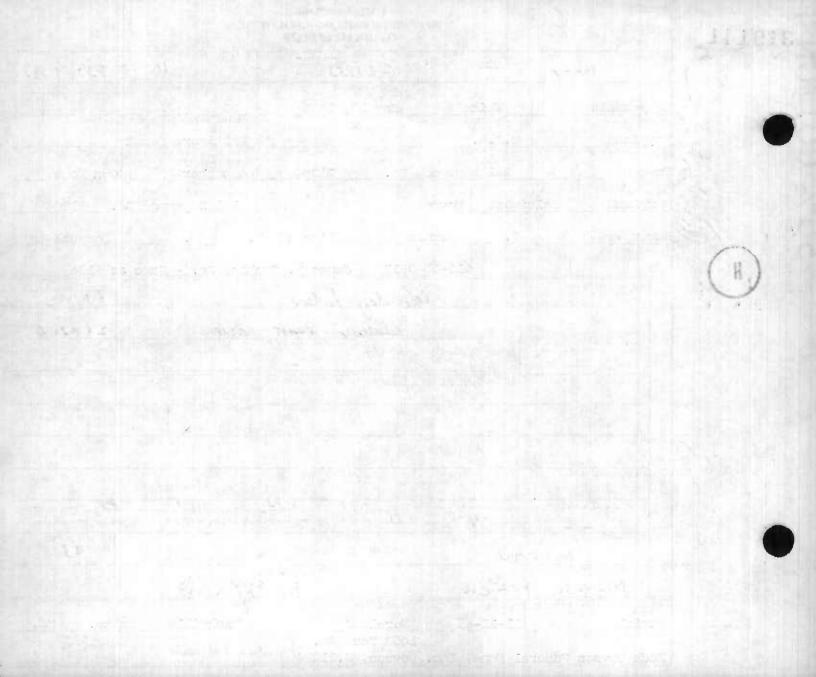
CITY OR TOWN Parkville

Balto.

Md.

C'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Ruck Towson Funeral Home, Inc. Towson, Md. 21204



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1	- STATE REGISTRAR						-17								
	ECEASED NAME	FIRST		MIDDLE	t	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR		
	2 0 1 7 1 1 1	SOLA	WII	LIS	GUN	NOE			11	26	185	.8:3	5A M		
Male 4 RACE White				5. DATE C			AGE (IN YEARS LAST BIRT	HDAY)	IF UND	DER I YEAR	IF UNDER	R 24 HRS			
Male				момтн	1 1907	AK	78	YRS		DATS	HOURS	MIN.			
	COUNTRIES	OR FOREIGN	76 CITIZEN OF		ATRY? 8	NEVER MARRIE	9	BALTIMORE CITY O			EATH				
	W.	Va.	USA	4	WIDOWE			BALTIMORE	COU	NTY,			MD		
0 0	ITY OR TOWN OF E	EATH			URSING HOME C	OR OTHER INSTITUTIO	I NC	12a USUAL OCCUPATE	ON	12h	L KIND O	F BUSINI	ESS OR		
	TOWSON		GREATE	R BALT	IMORE ME	DICAL CENT	TER	Ret work for most of Traini	ng0f	fice	DUSTRY	USAF			
USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 STATE 136 COUNTY 136 COUNTY 136 STREET ADDRESS / ZII TOWSON 137 INSIDE CITY LIMITS? 138 STREET ADDRESS / ZII											riew	Ct.	04		
19 F	ATHER'S NAME		ANIDO: E			15. MOTHER'S MAID				-	F		1		
/	Edwar	d	Modre	Gunnoe	•	Ste1	Lla	WIDDLE	Can	terb	ury				
	WAS DECEASED EV			168 SOCIAL	SECURITY NO.	17 INFORMANT		- ADDRE							
	(AER NO OB MARNOWN)	(IF YES, GIV	E WAR OR DATES)	232 0	1 9980	Margaret	R. G	unnoe	Same						
	18 CAUSE OF DE	ATH (Enter an	ly ane cause per	line far (a), (b), and (c).)						BETWEEN	MATE INTER	RVAL		
	PART I. DEATH	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) MYOCARDIAL INFARCTION										TN			
	DUE TO, OR AS A CONSEQUENCE OF														
	Canditions, if any, which ((b) CORONARY ARTERY DISEASE										YEARS				
		gave rise to immediate ause (a), stating the DUETO, OR AS A CONSEQUENCE OF													
	underlying cou	ose last.	(c)												
(3)	PART 2 OTHER SI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110													
CERTIFICATION	CVA.	EPI													
CAT	190 DATE OF OPER	RATION	19b COND	TION FOR W	HICH OPERATION	N WAS PERFORMED							WERE FINDINGS USED ING CAUSES OF DEATH?		
TIF		CYSEL!	March 1				YES NOW Y								
	210. ACCIDENT WAS I	-	216. TIME O		H DAY YEAR	21c HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IS	8 PART 1 O	R PART 2)				
MEDICAL	(IF EITHER NOTIFY M			м.	19										
VEDI	21d INJURY OCCU		21e PLACE		OFFICE FARM, ETC.)	211 LOCATION					OUNTY		STATE		
2	AT WORK	WHILE WORK													
	220 I certify that		4410		19 85 AUGU	JST . 19_	62	to11/26		_ 19 8 E	5	thot (I) (we) lost		
	sow the dece obove, (I) (we	osed olive on) (did) (did no	11/2		19_ <u>85</u> , on	id that in (my) (our) o	pinian de	oth occurred on the do	ite and he	our ond	from the	couses ste	oted		
	27b. SIGNATURE CY DEGREE									2	2c. DATE	SIGNED			
	Sould L Somerille W. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [] 11										11/2	16/8	5		
	224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS														
	DONA	ID I.	SOMERVIL	LE, M	D.	500 VIRG	INIA	AVE. TOWS	ON, M	1D 2'	1204				
	BURIAL, CREMATIO		23b. DATE	7005		EMETERY OR CREMA		23d LOCATION		COUR	NIY		STATE		
	Crem	ation	11/27	. 1985	Greenm	ount Crema		DOLULINO				Ma			
24 F	FUNERAL DIRECTOR			ADD	IRESS	2	250 DATE F	REC'D. BY REGISTRAR	25b REGI	STRAR'S	SIGNAT	URE			

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

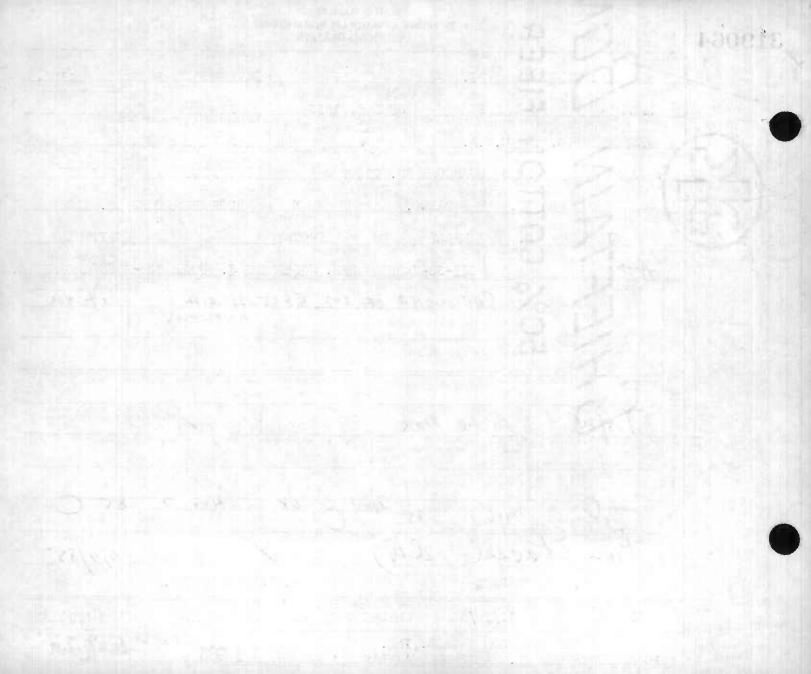
Mitchell-Wiedefeld Home 6500 York Rd.

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	1,8					

STATE OF MARYLAND

#16, per F.H. 11/21/85 kam



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.				
	GEASED NAME FIRST	MIDDLE			AST	20 DATE OF DEATH	MONTH	DAY YEAR 26 HOUR			
	Helen	M		ALLM	ARK	November 7	1985		10·12n		
1 SE	X	4 RACE		5 DATE (6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN		
1	female	White			h 1. 1916	69	YRS				
7a Bi	RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	RCOUNT	OF DEATH			
	aruland	17.5.	73	WIDOW		Baltimore County					
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN		MOTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND C	OF BUSINESS OF		
K	Rossville	1	th FACILITY, GIVE STREET $in\ Sauare$		ni + = 1	Housewife	DE WORKING LI	FE) INDUSTRY			
APSU.	AL RESIDENCE HE NURSING HOME	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION					-		
1	100	INTY	13c CITY OR TOW		AEXX NO [13e STREET ADDRESS 5934 Kavor					
_	MD ATHER'S NAME	-	Baltimor	е	15. MOTHER'S MAIDEN NA		I Ave.	21200			
V	FIRST	MIDDLE	I A ST		FIRST	MIDDIE		Do = 7 = 1			
_	<i>Charles</i> VAS DECEASED EVER IN U.S. A	RMED FORCES?	Hicks	RITY NO	Edna 17. INFORMANT	ADDR	FSS	Bagle	9		
		IVE WAR OR DATES)				2007 77		2 7	27206		
\vdash	18 CAUSE OF DEATH (Enter of		417-05-5		Joan L. Conr	oy 3801 F16	etwoc		ZIZUO XIMATE INTERVAL LONSET AND DEATH		
1	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause last (b) Acute Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF Metastatic Bronchogenic Carcinoma										
N	PART 2 OTHER SIGNIFICANT	CONDITIONS CO					DITIONGIN	EN IN PART 1	а		
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES XX NO NO NO					
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.	M. MONTH DA	YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)			
MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	(AT HOME STREET FACTORY OFFICE FARM ETC.) STREET CITY OR TOWN									
	276.1 certify that **(this hospital) attended the deceased from **October* 24**, 19**85**, to **November* 7**, 19**85**, sow the deceased alive on **November* 7**, 19**85**, and that in Invitational depth accurred on the date and hour and from above. A live (did) (d) 101) view the body after death										
	276. SIGNATURE	v Kt	ne			MEDICAL STA DIRECTOR PHYSIC		11/ DAJE	SIGNED		
	Gregory Ros				9000 Frankli	in Square D	rive E	Balto.	MD 2123		

BP. DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT.

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

Leonard J. Ruck.

23¢ NAME OF CEMETERY OR CREMATORY

5305 Harford Rd

23d LOCATION CITY OR TOWN

COUNTY Md. STATE

24 FUNERAL DIRECTOR ADDRESS 250. DATE REC'D. BY REGISTRAR

quia iour diser pardatil

323112		FOR STATE REGISTRAR		STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	REG. NO.	0 2 2 0				
3 7 60	I DE	CEASED NAME FIRST	ELIZABETH	HAMBURGEN	Mosember	DAY YEAR 25 HOUR SON WITH THE PROPERTY OF THE				
ge 4 mo motor, po n. other s	5	iemde	1. RACE	4. RACE 5. DATE OF BIRTH AONIH 27 VEAR VEAR						
	70.8	RTHPLACE INTATE OFFICE ON	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIE WIDOWED DIVORCE	The self the section	NTY OF DEATH MD				
	100	HADE TO WOOT BO YEL	11. NAME OF HOSPITAL, NO	URSING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	G LIFE) 126. KIND OF BUSINESS OR INDUSTRY				
们犯		AL HE SIDENCE THE NURSING PARE	OR OTHER INSTITUTION, GIVE ALL MINES	TOWN 1114 INSIDE CITY LIM		PRLES ST 21201				
中枢	1	ATHERS NAME PIRST	MIDDLE GER	15. MOTHER'S MAID	WIDDIE	Rusan				
- Paper		WAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, (GIVE WAR OR DATES)	SECURITY NO. 17 INEORMANT	and the ADDRESS OF THE PARTY OF	F1115 . d				
IT., BALT triticate is physicia magnetic resent, the	Г	PART I. DEATH WAS CAU	only one couse per line for (o), (b SED BY: ATE CAUSE (o)	Premonin		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days.				
STON 5 feath or therefore took, as or sometic :		Conditions, if ony, which	DUE TO, OR AS A CONS	Chronic	Dementia	Many year				
t W. Pic has the by the conserved A. commo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF COREDON &	Atteriorderoun					
RDS, 20 exportes to busin injury, to	NOI	PART 2 OTHER SIGNIFICAN	t conditions <u>contributing</u>	G TO DEATH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110				
AL RECO	TIBICAL	190 DATE OF OPERATION	196, CONDITION FOR W	HICH OPERATION WAS PERFORMED	YES NOT	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO				
KIAN De physic of physic o	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONTH		CCURRED LEWISE NATURE OF INJURY IN ITEM	18 PART I OR PART 2)				
SIVISION offers the free this in the but th and M.	MEDI	214 INJURY OCCURRED	214 PLACE OF INJURY LAT HOME, STREET, FACTORY, O		FORTOWN	COUNTY STATE				
ATTENDED OF STATE OF THE STATE		27a certify that (I) (this had sow the deceased alive abave, (I) (ma) (diditional)	on 11-10-55 not) view the body ofter death.		pinion deoth occurred on the date and					
TAL DRE			4 At anler	PHYSIC	ING MEDICAL STAFF	11. 12- E				
O HOSPI		THE PHYSICIAN'S NAME (149	A-MALLET	616, CH	STHUT AUG-TO	onson 170				
BP	1	Burial, cremation, remov. (SPECIFY) rial	23b. DATE 11-14-85	230 NAME OF CEMETERY OR CREMA Druid Ridge	Balto.	COUNTY STATE Md.				
DHMH - 16 50M 4/82	1.	UNERAL DIRECTOR		1050 York Ra.		STRAR'S SIGNATURE				
(VRA 15, 4)	Ru	ck Towson Fune	ral Home, Inc.	Towson, Md. 21204	10 1 1 2 1303	- M				

April Ently Warming and 2 2 27 La ment The state of the Mark Marchael 200 5 1 1

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1		REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG	NO.				
	1. DECEASED NAME FIRST MIDDLE							AST		20 DATE OF DEATH	MONTH	DAY YEAR	76 HOUR P	
	(ITPE	MEL	VTN			HA	MBURG	SER		NOVEMB	ER 3.	1985	5:23 M	
	3 SEX			4 RACE	H. W.		5. DATE C	OF BIRTH	WE AD	6 AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS	
]	MALE		WHITE			JAN.	16, 191	O N	75	YRS	MOINTS DATS	MIN.	
1		RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF WHAT COUNTRY? 8				D X NEVER MAR	PRIED T	9 BALTIMORE CIT	OR COUNT	Y OF DEATH		
2		MARYLAND		USA			WIDOWE		RXKESXXXXX BALTIMORE COUNT					
1	10 CI	TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE	STREET	(DDRESS)	OR OTHER INSTITU	17a USUAL OCCUP		176 KIND C	OF BUSINESS OR		
1		PIKESVILLE	1	PIKE	SVILLE	NU	RSING	HOME		MANAGER			IN'S DEPT	
3	13a S	AL RESIDENCE (IF NURSI STATE MARYLAND	136 COU		13c CITY OF PIKE			13d INSIDE CITY	LIMITS?	130 STREET ADDRES	S / ZIP COL	ST #2120	TORE 07	
7	-	THER'S NAME	2111					15 MOTHER'S M		ΛE				
Û		MORRIS			HAMBUR			RACH		WIDDL		COHE	4	
1	16a W	VAS DECEASED EVER			166 SOCIAL			17 INFORMANT		S. DORISAD			207	
		YES NOOR UNKNOWN WWII-ARMY 214-16-8896 7918 SUBET RD. BALTO., MD									207			
		18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
				E CAUSE (a)	1 cei	عاد	100	show	20/4	2111600	764	1230	ONKROC	
				DUE TO, O	R AS A CON	SEQUE	NCE OF		020	0-00-	- Ty	8		
		Canditians, if any,		(b)_	Can	CL	201	na c	2/12	E Ab	27 20			
		gave rise ta imm cause (a), statin	g the	DUE TO. O	RASACON	SEQUE	NCE OF	0	0		0	^		
		underlying cause	last.	(c)_	Cerel	صل	VV	Seelle	when	~ Chee	- Mrs	*		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN										IVEN IN PART 1	a			
0	CERTIFICATION	190 DATE OF OPERAT	196. CONDITION FOR WHICH OPERATION WAS PERFORMED					ED	70a AUTOPSY? 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?					
1	FIFE									YES TO NOT		TIFYING CAUSES	NO	
	CER	710. ACCIDENT WAS UND						21c HOW INJUR	RY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM 18	PART I OR PART 2)		
1		OR CONTRIBUTING C		1111	M. MONTE	H DA	Y YEAR							
	MEDICAL	21d INJURY OCCURR		21e PLACE	OF INJURY			211 LOCATION		CITY O	IOWN	COUNTY	STATE	
	¥	WHILE NOT WH	AR D	TAT HOME STI	REET FACTORY, C	OFFICE, FA	IRM, ETC.)	SIMEEL			,0111		31012	
		22a.1 certify that (1)	(this hasp	tal) attended th	e deceased l	fram_	1/1		19 8	to the	3	19	that (II (we) last	
	4	saw the decease abave, (1) (we) (d	d alive an	t) view the hady	after death	19_5	· 6 ai	nd that in (my) (að	n) opinian o	death accurred an th	date and ho	aut and fram the	causes stated	
		276 SIGNATURE		DEGREE 271. DATE SIGNED									SIGNED	
1	1	Roll	12	Kuo	alon	72	W.	ME ATTE	SICIAN X	MEDICAL S DIRECTOR PHY	SICIAN .	1111	4/85	
		776. PHYSICIAN'S NA	ME (TYPE C	PRINT)				27e ADDRESS					1	
		DR. RO	BERT	KROOPNI	CK		No. 1	8726	LIBER'	TY RD.				
	23a B	SPECIFY) BURIAL	REMOVAL	NOV.5	1985	P3c N BE	AME OF C	EMETERY OR CRE	MATORY	BALTA	MORE	COUNTY	MARYLAND	
-	24 FU	JNERAL DIRECTOR	SOL	LEVINSON	I & BRO	os.,	INC	•	250 DATE	E REC'D. BY REGISTR	AR 256. REGIS	STRAR'S SIGNAT	TURE	

21215

BALTO

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

